American Optometric Association
NEWS™

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Volume 51 November 2012 No. 5

Disaster fund ready to assist ODs affected by Hurricane Sandy

In the aftermath of the devastation from Hurricane Sandy along the East Coast, Optometry's Fund for Disaster Relief, administered by Optometry Cares®-the AOA Foundation, is ready to assist optometrists whose practices and/or homes were damaged.

The AOA has received several reports from optometrists who sustained damage from the superstorm and expects the number to rise.

"We have a residence in Point Pleasant Beach, and as of today, the police are still not allowing residents to return," Leonard Press, O.D., noted Oct. 31, two days after the hurricane hit. "So we have no idea yet of the extent of damage to our home. Thankfully, our office in Fair Lawn, New Jersey, in Bergen County, was spared any damage."

"Even though my office retained power, it was one of the few that did," Dr. Press

see Disaster, page 25

New Jersey developmental optometrist Leonard Press, O.D., snapped a shot of what he now refers to as the "Board-unwalk."

Medicare EHR incentives to ODs top $44 million

Optometrists have earned more than $44 million in Medicare Electronic Health Records (EHR) Incentive Program payments, according to the latest in a series of reports by the U.S. Centers for Medicare & Medicaid Services (CMS).

As of August 2012, some 2,875 optometrists had received a total of $44,500,194 in Medicare EHR incentive bonuses, according to CMS estimates.

"This is an excellent example of optometry thriving in a changing health care system," said AOA President Ronald Hopping, O.D., MPH. "The AOA was successful in our lobbying to win optometrists the right to participate in the Medicare EHR incentive program and has worked with affiliated state optometric associations to provide optometrists the information they need to

See Incentives, page 20

Optometry leaves its mark on 2012 congressional elections

The AOA is well-positioned to continue to work with President Obama and his administration to advance optometry's priorities at the federal level. Over the last eight politically volatile years, through periods of Republican-led, Democratic-led and divided government in Washington, D.C., the AOA has made sure optometry's concerns are heard loud and clear and has gotten results.

See Election, page 17

Onward. Upward.

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Eye See Tobacco Free brochure educates teens smoking, CLs don't mix

As part of its commitment to improving public health, the AOA and its volunteer-led Health Promotions Committee published a new patient education piece targeting teenage contact lens wearers on the hazards of tobacco use.

Eye See Tobacco Free provides easy-to-understand facts about the many downsides of smoking:

- Eye irritation
- Contamination of contact lenses
- Increased risk for eye disease
- Premature aging of skin
- Shortness of breath
- Link to multiple diseases, such as lung cancer, emphysema, heart disease, high blood pressure, stroke and overall reduced life expectancy.

Many teens choose contact lenses for vision correction to enhance their looks and athletic performance.

Doctors of optometry can use this new brochure to provide all teenage patients with updated information on the dangers of smoking, in addition to resources to help smokers quit.

A complimentary 8-1/2" by 11" version can be downloaded at *www.aoa.org/documents/Smoking-Cessation.pdf*.

Members may purchase a tri-fold version, item PA3 (also available for imprinting), from the AOA Marketplace at *www.aoa.org/onlinestore*.

ABO announces new diplomates

The American Board of Optometry (ABO) released the results of its most recent Board Certification Examination.

A total of 214 doctors qualified to take the July 15-31, 2012, examination, and 198 doctors (92.5 percent) passed, successfully becoming Diplomates of the American Board of Optometry.

These doctors, representing 39 states and one province in Canada, will be added to the listing of board-certified optometrists on the ABO website (*www.americanboardofoptometry.org*).

"The American Board of Optometry congratulates this group of optometrists who have successfully passed our comprehensive examination, the gateway into the maintenance of certification process. These colleagues have demonstrated their competence beyond entry level and their commitment to quality patient care," said Paul C. Ajamian, O.D., who chairs the ABO board.

The new Diplomates begin their 10-year maintenance of certification program on Jan 1, 2013.

The ABO now has 931 Diplomates and an Active Candidates list of more than 1,000.

As the expiration of the initial Phase-In Rules approaches, the ABO anticipates more candidates.

Registration is open until Jan. 10 for the next ABO examination, scheduled for Dec. 10, 2012, to Jan. 20, 2013, at Prometric Test Centers worldwide.

For more information, visit the website at *www.abopt.org*.

True Buck-eye

At right, Rick Cornett, executive director of the Ohio Optometric Association (OOA), stands with Joyce Beatty, center, former member of the Ohio House of Representatives and OOA and AOA-backed representative-elect for Ohio's 3rd Congressional District. A friend to optometry, Beatty served five terms in the Ohio House, rose to become the first female Democratic House Leader, and played a key role in advancing legislation aimed at increasing access to eye and vision care.

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Mirror, mirror on the wall

My father had a 20-foot exam room, and I think it worked very well for him. However, in our office we have folded exam rooms, and for us it works very well. As many of you know, that means a shorter room, and there is a large mirror on one end of the room that the patients look into to see the eye chart.

I mention this because I was thinking the other day that nearly everything I do as an optometrist can be seen in that mirror. In a way, it is a way to look into my profession – and I like what I see. What do you see in your looking glass?

Of course, there are a few warts, wrinkles and bumps that keep us from looking perfect and, yes, there are many folks working to make those blemishes go away. But, wow, there are a lot of things I see that look amazingly good. We can be very thankful about the good things in our profession.

As Thanksgiving sneaks up on us this year, let's take a look at what we have to be thankful about in our profession. At the end of the day I would have to say that we are pretty lucky or smart to have chosen this profession.

When you look in your mirror on your exam room wall – or the mirror in your bathroom – what would you say is the very best thing about our profession? What would you put on your "I'm thankful I'm an optometrist because" list? What would be on the top of your list?

Is it that we are respected professionals and looked up to in our communities? Is it that we generally make a very nice living to support our families and loved ones? Is it that we are independent decision-makers about the care we provide? Is it because we get to visit with lots of different kinds of interesting people every time we enter our exam rooms?

Is it because we get to work with new technologies – or because we get to use our brains a lot to figure out what a patient needs? Is it because we get to be both scientists and also psychologists? How about because we get to be detectives to figure out the "case" or the "puzzle" of every patient we see (one of my favorites)? Is it because it isn't particularly challenging physical work that doesn't take a toll on our bodies and that we can do comfortably for many years? Is it because we get our glasses or contacts at a reduced cost? Wow, this list is getting long!

Is it because we get few emergency calls? Or because we are a leading part of a health care team and when needed we have many partners helping us provide our services? Is it because most of us can set our own schedules? Maybe it is because we have a career that allows us a very satisfying personal life? Is it because our scope of practice has been constantly expanding and we have more and more to do? Or because the need for our care and services continues to increase? There are a lot of good things in our mirror.

I know I am thankful because we are each part of a particularly unique professional family that has an amazingly large percent of us who voluntarily give their personal time to make our profession even better.

I know I am thankful because we are each part of a particularly unique professional family that has an amazingly large percentage of us who voluntarily give their personal time to make our profession even better.

I think each one of those descriptions of our profession is an excellent reason to be thankful for being an optometrist, and I see every one of them when I look in my mirror. Every one of them is on my list this Thanksgiving, and every one of those reasons helps me get past the everyday stresses and challenges of my career.

Dr. Hopping

But I think that long list, that very thorough list, that very impressive list, a list that makes many other occupations very jealous – misses the single very best reason. So let's add the truly great reason to be thankful we are optometrists: Each of us, at the end of our day, in whatever role we play as optometrists, has the deep-in-our-soul satisfaction of knowing we are making this world a better place. We are helping our patients enjoy better, healthier lives; that we are caring for, improving and protecting the most highly valued gift of all our human senses – sight.

So even with our few warts, wrinkles and bumps, because of that long list, when I look in our profession's mirror, I know we have a lot to be seriously thankful for this Thanksgiving.

Ronald L. Hopping, O.D.

Ronald Hopping, O.D., MPH
AOA president

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AOA campaign reminds patients of importance of eye exams during American Diabetes Month

During American Diabetes Month, the AOA is encouraging Americans with diabetes to schedule at least annual dilated eye examinations, depending on their particular examination findings and their optometrist's recommendations to help detect and even prevent eye and vision disorders that could lead to blindness.

Each year, 12,000 to 24,000 people lose their sight because of diabetes.

According to the American Diabetes Association, nearly 26 million people in the United States, or 8.3 percent of the population, have diabetes.

An estimated 7 million Americans are undiagnosed, with Hispanics and blacks at higher risk for developing the disease.

"Yearly, dilated eye exams given by a doctor of optometry are extremely important for those living with diabetes," said Paul Chous, O.D., author of "Diabetic Eye Disease: Lessons From a Diabetic Eye Doctor." "When the eyes are dilated, an eye doctor is able to examine the retina for early warning signs of diabetic eye disease and prescribe a course of treatment to preserve an individual's sight. Many eye problems are silent until they are in an advanced stage, but early detection and treatment can truly save a person's vision."

Results from the AOA's 2012 American Eye-Q® consumer survey revealed only 44 percent of Americans are aware diabetic eye disease often has no visual signs or symptoms.

Additionally, 43 percent of American's don't know a person with diabetes should have a comprehensive eye exam once a year.

Diabetic eye and vision disorders

People with diabetes are at a significantly higher risk for developing eye diseases including glaucoma, cataracts and diabetic retinopathy, one of the most serious sight-threatening complications of diabetes.

Those with diabetes are 40 percent more likely to suffer from glaucoma than people without diabetes.

Many people without diabetes will get cataracts, but those with the disease are 60 percent more likely to develop this eye condition.

People with diabetes also tend to get cataracts at a younger age and have them progress faster.

Because early warning signs of diabetic eye and vision disorders are often subtle or undetected, the AOA recommends high-risk individuals look for initial signs and contact an AOA doctor of optometry if they have any of the following symptoms:

- Sudden blurred or double vision
- Trouble reading or focusing on near-work
- Eye pain or pressure
- A noticeable aura or dark ring around lights or illuminated objects
- Visible dark spots in vision or images of flashing lights.

In addition to a having yearly, comprehensive eye exam, the AOA offers the following tips to help prevent or slow the development of diabetic eye diseases:

- Take prescribed medication as directed
- Keep glycohemoglobin test results ("A1c" or average blood sugar level) consistently under seven percent
- Stick to a healthy diet that includes Omega 3s, fresh fruits and vegetables
- Exercise regularly
- Control high blood pressure
- Avoid alcohol and smoking.

For additional information on eye health, and diabetic retinopathy, visit *www.aoa.org/diabetic-retinopathy.xml*.

> *"Many eye problems are silent until they are in an advanced stage, but early detection and treatment can truly save a person's vision."*

AOA launches Diabetes & Eye Health site to boost optometrist and patient awareness

To coincide with November's Diabetes Awareness Month, the AOA is proud to announce the launch of its dedicated Diabetes & Eye Health Web page (*www.aoa.org/diabetes*).

This new Web resource kicks off the comprehensive AOA Diabetes Initiative to provide members with information, tools, and resources to assist in providing the best level of care for their patients affected by this growing health concern.

As the population affected by diabetes grows, the number of patients needing relevant information will also increase.

The AOA is poised to meet this demand, positioning optometrists as key members of the diabetes health care team.

Visit the page and join the Diabetes & Eye Health Community on AOAConnect at http://connect.aoa.org!

November's Diabetes Month presents opportunity for optometrist to share personal experience

Editor's Note: In recognition of diabetes awareness month this November, optometry is putting the focus on helping patients improve their health. AOA Health Promotions Committee member Daniel Bintz, O.D., knows firsthand what it's like for patients dealing with diabetes as he has the disease himself. Dr. Bintz talks to AOA News *about his personal and professional experiences and also offers advice for all practitioners on helping patients with diabetes.*

AOA News: Can you provide details of your own experience with diabetes as it relates to your choice of optometry as a career?

Dr. Bintz: I was diagnosed during spring break of my freshman year of college in 1978. I knew something was wrong because I was so thirsty and going to the bathroom all the time. I tried to be in denial and hoped it might just be a kidney infection but knew the symptoms of diabetes because of a high school term paper I had written on the subject! I just thought 19 was a weird age to get diabetes since people I knew either got it when they were under 10 or over 40 and at the time there was no family history (in the following years my two of my mom's sisters and one brother developed type II diabetes).

I hadn't made a career choice at the time but was leaning toward "something medical." I had nearly ruled out med school because I grew up with kids whose dads were MDs and were never around. Not knowing how diabetes would really affect me, I decided even the stress of med school may not be a great thing. A classmate had been exploring optometry and was working for an OD locally and absolutely loved it. So she was probably the most influential person on my decision. I knew about some of the eye complications and general complications of diabetes, but after starting optometry school it seemed every topic we discussed had some sort of link to diabetes. Self-monitoring blood glucose testing had just been introduced in about 1980, which is when I started OD school. Our patient population at the Oklahoma College of Optometry was the Cherokee Nation. Many Native Americans suffer from diabetes, hypertension, and obesity so this was a great population to study and treat. Before the school was started in 1979, there was virtually no eye care for the Cherokee Nation. So obviously we were finding both early and advanced complications of diabetes. I pushed very hard for the school to purchase a few glucose meters to be used in clinics to both educate the patients to this "new technology" and to add one more diagnostic tool for students and doctors.

AOA News: Do the majority of your patients have diabetes or what type of practice do you have?

Dr. Bintz: I wouldn't say I have a majority of patients with diabetes but they do tend to gravitate toward our practice either through referrals from family doctors or by word of mouth. I am closing in on 30 years of practice, so my patient population seems to be aging with me! I have had a partner since 2004, and there is definitely a difference in the number of Medicare-age patients I see as opposed to what he sees.

AOA News: What concerns with your patients with diabetes do you run into the most?

Dr. Bintz: The biggest problem I see in our rural population is lack of understanding of the disease. Many have never been referred to even a dietician, and certified diabetes educators are nearly non-existent in our area. Soon after moving here, I started a diabetes support group. We met for many years, and then the audience began to shrink so we discontinued monthly meetings. Some of the area hospitals occasionally will have a lecture for patients, but not consistently.

I do think that overall doctors are finally getting more aggressive on the treatment because I do not see advanced retinopathy as often as I used to. I also think efforts are starting to pay off that encourage persons with diabetes (I hate the word "diabetic") to have annual dilated fundus exams. Overall, I still feel that many patients are fairly clueless on the topics of diet and exercise.

AOA News: How do you feel having diabetes makes you a better practitioner?

Dr. Bintz: I think especially since I have type I it is easier for me to be empathetic with the problems people have controlling their disease. Diabetes is a very patient-intensive disease where the patient really becomes the doctor. With home glucose testing and now even home A1C testing, patients can monitor their glucose levels and know exactly what foods rapidly raise their levels and what exercises can reduce glucose levels.

Doctors who do not live with diabetes don't fully understand the stress these patients experience on a daily basis. There is a never a vacation from diabetes for the person with diabetes or their family. Doctors seem to think that all the person needs to do is "eat right, exercise, and take their medication," but life is never that simple.

AOA News: Do you have one case that stands out the most?

Dr. Bintz: Just this past month I had a longtime patient arrive as a "walk-in" complaining that over the weekend she figured out she could see better without her glasses than she could with them. She was over 55, overweight, and had a family history of diabetes. I reviewed her chart and didn't see a diagnosis for her, nor any medications. So we talked about diabetes and how it can temporarily change your refractive error if your glucose levels are out of control. We did a random glucose test in the office that read 425 mg/dl (normal is 90-110).

I told her that it looked like we needed to get her family doctor involved. We called to make an appointment, and the nurse said, "Yes, we have been trying to contact her. We just got her lab results back." Since she was a walk-in, I didn't get to discuss diabetes with her very much before pushing her out the door to see her family physician. So I called her the next day and went over some things, and I had her drop by to pick up some resource material that we have from the American Diabetes Association.

AOA News: Do you have any recommendations for other ODs to help better care for their own patients?

Dr. Bintz: The American Diabetes Association, the National Eye Institute, and the CDC all have great patient education materials and websites. I try to give patients information on obtaining more information from these sources.

In addition, I ask each person I see with diabetes if they have ever seen a registered dietitian or a certified diabetes educator. If not, I try to schedule them with our local professionals. I also try to toss in diabetes complications information as we go through the exam.

I also have gotten much more aggressive on discussing smoking cessation with patients who have diabetes. I tell them that diabetes is the No. 1 cause of blindness in persons under 55, and macular degeneration is the No. 1 cause of blindness in persons over 55. Tobacco use quadruples the risk of developing macular degeneration, so when you add that to the diabetes, the picture for future good vision gets bleak. In addition, nicotine constricts blood vessels, which can increase the risk of hypertension and all of the complications that go along with that disorder. [See related article on page 3.]

And all of that negative talk is without even bringing up the cancer component! If you don't do anything else for your tobacco users, tell them these things and tell them to get help from their family physician (or better yet, set up an appointment for them) and have them call 1-800-QUIT NOW nationwide.

Another great tool is the diabetes report form that gives a concise easy to read eye health report to family doctors (*www.aoa.org/documents/AOA-Diabetes-Report-Form.pdf*). This is available from AOA, as well as a tear off sheet called "Smoke Gets in Your Eyes" (*http://bit.ly/RJ5H0B*).

Dr. Bintz has authored several articles on this subject, including articles addressing the link between diabetes and depression, and also eating disorders – especially among teen type I females.

> *I think especially since I have type I it is easier for me to be empathetic with the problems people have controlling their disease.*

AOA, affiliates pressure MAC to withdraw restrictive policy

Facing intense pressure from the AOA, state affiliates and pro-optometry leaders in Congress, a Medicare Administrative Contractor (MAC) reversed course in October and announced it would withdraw a restrictive, anti-optometry coverage directive that wrongly sought to limit the scope of practice of optometrists in nine states.

Some states have been handcuffed for years by this WPS approach to define the scope of optometry practice with a narrow list of approved procedural codes.

"The federal law governing Medicare is clear in that it requires the program to cover services provided by doctors of optometry within state scopes of practice and gives Medicare beneficiaries the freedom to seek care from the doctor of their choosing," said AOA President Ron Hopping, O.D., MPH. "With this action, we are hopeful that seniors will no longer be improperly denied access to medically necessary, covered physician services that they need when they chose to legally obtain those services from optometrists rather than from other physicians."

"While these developments are certainly a win for ODs and seniors in impacted states, it's also a victory for optometrists and Medicare beneficiaries in states across the country," said Dr. Hopping. "If allowed to stand, these discriminatory practices could have very well spread like wildfire across the country."

Wisconsin Physician Services (WPS) — the MAC servicing Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska and Wisconsin — had issued an "optometry services" local coverage determination (LCD) whereby the contractor created a list of services it determined optometrists were allowed to provide based on its own flawed interpretation of state law.

WPS then utilized the directive to deny payment for services provided to Medicare beneficiaries that optometrists are legally authorized to perform.

While Medicare LCDs are supposed to be based on clinical evidence, WPS developed and implemented this policy based on the personal views of one of its medical directors, often in consultation with ophthalmologists.

Some states have been handcuffed for years by this WPS approach to define the scope of optometry practice with a narrow list of approved procedural codes.

When WPS extended the policy to more states in 2010, the AOA and state affiliates worked for two years to slowly convince WPS to make the list larger and more accurate, but by 2012 the limits of that relationship-building was reached when the Medicare regional office agreed with WPS that procedural codes defined as "surgery" by the American Medical Association (that is, all procedures) were theoretically outside the scope of practice of optometrists whose states laws forbid them to perform surgery.

Working closely with affected state affiliate volunteer leaders and staff, the AOA then appealed to pro-optometry lawmakers to help make clear to federal agency officials that states — not Medicare contactors — determine optometrists' scope of practice.

The AOA and affiliates secured supportive letters from U.S. Sens. Pat Roberts (R-Kan.) and Jerry Moran (R-Kan.), and Reps. Bruce Braley (D-Iowa), Dave Loebsack (D-Iowa), Leonard Boswell (D-Iowa), Tom Latham (R-Iowa), Steve King (R-Iowa), Tim Huelskamp (R-Kan.), Lynn Jenkins (R-Kan.), Kevin Yoder (R-Kan.), Mike Pompeo (R-Kan.), and Michael Burgess, M.D. (R-Texas).

After building support on Capitol Hill, the AOA and affiliates then met with top Centers for Medicare & Medicaid Services (CMS) officials at the agency's headquarters in Washington, D.C.

At the meeting, the AOA and affiliates expressed concern that WPS has, as a matter of policy, substituted its own opinion about what constitutes the appropriate scope of practice of an optometrist, rather than deferring to interpretations of state scope of practice law by appropriate state authorities, such as legislatures, courts, and optometry boards.

Following the AOA-CMS meeting, U.S. Department of Health & Human Services' Secretary Kathleen Sebelius responded to one of the lawmaker's letters by acknowledging that the AOA and state representatives had demonstrated the WPS interpretation of state scope of practice was not correct.

In the Aug. 29 letter, Secretary Sebelius stressed that the contractor must cover services "if those services are within the scope of practice as defined by state law and performed as defined by state law."

With pressure generated through lawmaker outreach and the productive meeting with CMS leaders, the Medicare contractor had to abandon its "optometry services" coverage determination, the precise action that AOA Federal Relations Committee Chair Roger Jordan, O.D., and state affiliate leaders had been seeking. WPS announced Oct. 2 that it would "retire" its optometry services LCDs.

To view the now-retired "optometry services" policies, follow the appropriate link for: Jurisdiction 5 (Iowa, Kansas, Missouri, and Nebraska) *http://bit.ly/Tj2wMQ*; Legacy States (Illinois, Minnesota, and Wisconsin) *http://bit.ly/TYvBvy*; and Jurisdiction 8 (Michigan, Indiana) *http://bit.ly/PrKv0G*.

The AOA and affiliates will remain vigilant to ensure that any future policy developed by the contractor respects optometry and the right of Medicare beneficiaries to receive eye care through their optometrist.

AOA members with questions on this important topic and those looking to become more involved in federal advocacy should contact the AOA Washington office team at 800-365-2219 or *Impact WashingtonDC@aoa.org*.

Medicare issuing 2011 PQRS, eRx bonuses with "L" on RAs

The U.S. Centers for Medicare & Medicaid Services (CMS) has begun issuing its Medicare Physician Quality Reporting System (PQRS) and Electronic Prescribing (eRx) Incentive Program bonuses for 2011—with payments noted on remittance advice using an "L" or "LE" modifier and, in some cases, shown as a negative amount, according to the AOA Advocacy Group.

An incentive payment is classified as a "levy"– that is, "a federally mandated payment," – under CMS accounting terminology. Levies are indicated with an "L" reason code on remittance advice. An "LE" indicates the levy payment was made electronically, according to the CMS.

Typically, when an L or LE indicator appears on remittance advice, it represents a retraction to satisfy an Internal Revenue Service (IRS) tax levy or similar deduction from a payment, Palmetto GBA, the Medicare carrier for Ohio, South Carolina, and West Virginia, explains on its website.

For that reason, carrier accounting systems may place a negative sign before the dollar amount of a levy on a remittance notice. However, "in the case of PQRS and eRx incentive payments, the LE indicator represents an incentive payment and although the negative sign may appear on the remittance advice, the amount indicated does not represent a withhold or overpayment amount," the Palmetto website continued. Both Medicare electronic and paper remittance advice provide additional coding to help practitioners identify PQRS and eRX incentive payments, the carrier noted.

For PQRS payments, eligible professionals will see the LE indicator to indicate an incentive payment, along with PQ11 to identify the payment as a 2011 PQRS incentive bonus. Additionally, paper remittance advice will read, "This is a PQRS incentive payment." The year the incentive was earned will not be included in the paper remittance.

For eRx payments, eligible professionals will see the LE to indicate an incentive payment, along with RX11 to identify the payment as a 2011 eRx incentive payment. Additionally, paper remittance advice will read, "This is an eRx incentive payment." Again, the year the incentive was earned will not be included in the paper remittance.

Medicare carriers began issuing 2011 PQRS and eRx incentive payments in October. AOA Advocacy Group representatives plan to meet with CMS officials over the coming weeks to discuss the way PQRS and eRx incentive payments are noted on remittance advice.

Newman to FTC: Federal CL law must better protect patients from unscrupulous sellers

When U.S. Federal Trade Commission (FTC) officials convened an expert panel on the Contact Lens Rule during a day-long workshop about how to deregulate the sale of prescription pet medications, Clarke Newman, O.D., a member of the AOA Federal Relations Committee, traveled to Washington, D.C., to tell the commission that it wasn't doing enough to protect Americans from the dangers posed by unscrupulous Internet and alternate distribution contact lens sellers.

As part of the FTC's Oct. 3 workshop, the commission gathered consumers, veterinarians, business representatives, and others to consider how current industry distribution and other practices affect consumer choice and price competition for pet medications.

Following the day's final panel looking into lessons learned from the Fairness to Contact Lens Consumers Act (FCLCA), Dr. Newman challenged alternate distribution lens sellers to fix their broken prescription verification system that continues to put patients at risk.

"Without the full enforcement of the FCLCA, lenses are frequently purchased without prescriptions or with expired prescriptions," Dr. Newman said in his opening remarks. "When a patient's ability to purchase a medical device that is worn on the eye is not properly controlled, the public is harmed."

Alternate distribution lens sellers have exploited the flawed "passive verification" system to their benefit and to the detriment of consumers, Dr. Newman added after the panel. In the interest of public health, he called on them to fix their broken verification system.

Soon after the forum started, though, an anti-optometry panelist directly attacked optometry by calling into question optometry's ethical standing.

Dr. Newman was quick to make clear that ODs ascribe to the highest ethical standards and that both prescribing and selling contact lenses provides no more of a conflict of interest than it does for an ophthalmologist advising a patient that surgery is needed to insert an intraocular lens or a cardiologist recommending a procedure in which the patient would receive a stent.

Overall, the anti-optometry sentiment began when a 1-800-Contacts representative asserted that tens of thousands of Texas patients had allegedly filed complaints saying that their optometrists were not releasing prescriptions as required under Texas law.

1-800-Contacts then used the supposed complaints to spur Texas lawmakers into introducing legislation and organizing a hearing on the issue.

However, as a *Houston Chronicle* article illustrated, the company was actually providing financial incentives to customers willing to complain. And as a result, the Texas Senate cancelled the hearing and shelved the pending legislation.

Dr. Newman then went on the offensive during the FTC panel and cited a peer-reviewed study published in *Optometry: Journal of the AOA* to disprove other claims made by 1-800-Contacts.

In opening remarks, the company's general counsel claimed that contact lens wearers were actually receiving more comprehensive eye exams each year as a direct result of the FCLCA.

Dr. Newman cited a 2008 study showing that three out of four consumers who purchased contact lenses over the Internet did not have annual eye examinations. Conversely, 74 percent of those who purchased lenses directly from their eye care provider were receiving annual eye examinations.

At one point during the more than hour-long panel, a self-proclaimed advocate for the Internet on the panel claimed that the potential financial benefits far outweighed the costs associated with microbial keratitis and other sight-threatening complications that have been directly linked to alternate lens distribution.

After making his claim, the panelist was unable to respond to Dr. Newman's direct question asking how many billions of dollars would justify his child suffering from permanent vision loss as a result of microbial keratitis.

Overall, Dr. Newman underscored optometry's true focus: patient safety. "With this information, I think legislators and regulators should carefully consider the potential risks to the patients when trying to assess the manner and level of consumer protections placed," said Dr. Newman. "When combined with the very low bar that is passive verification and all of the abuses endured by prescribers there, the FCLCA is far too weighted toward consumerism over patient protection. We threw the baby out with the bath water."

AOA Representative Clarke Newman, O.D., second from left, participates on an FTC workshop panel addressing the Contact Lens Rule.

> *"When combined with the very low bar that is passive verification and all of the abuses endured by prescribers there, the FCLCA is far too weighted toward consumerism over patient protection. We threw the baby out with the bath water."*

Enacted in 2004, the FCLCA requires eye care providers to release contact lens prescriptions to their patients and also requires contact lens sellers to verify the validity of contact lens prescriptions before releasing contact lenses to consumers.

Since enactment of the law, the AOA, FTC, and Congress have documented widespread abuse by unscrupulous Internet contact lens sellers and an alarming increase in patient safety concerns.

In fact, a 2008 study found one of the strongest predictors of developing microbial keratitis was buying lenses through the Internet or other alternative channels of distribution.

AOA members are encouraged to watch Dr. Newman in action during the FCLCA panel discussion on the FTC's website at *http://1.usa.gov/QrTZqk*.

AOA members are also reminded that they may report FCLCA violations directly to the FTC and are asked to forward copies of any complaints to the AOA at *FTCcomplaint@aoa.org*.

AOA resources on this topic, including how to spot FCLCA violations and file a complaint, are located on the AOA website at *http://www.aoa.org/x4843.xml*.

To learn how you can help support the ongoing work of optometry's grassroots army of concerned doctors and students, contact the AOA Washington office at 800-365-2219 or *ImpactWashingtonDC@aoa.org*.

Doctors and students are being asked to reach out to their U.S. senators and representatives by logging in to the AOA's Online Legislative Action Center at *www.aoa.org/x4821.xml* and take action.

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Get your practice ready for patient portals, care summaries

Two emerging health information technologies (HIT) – patient web portals and standardized electronically transferable summary-of-care records (SCR) – promise to become important elements in health care practice over the coming years, according to Farzad Mostashari, M.D., the U.S. Department of Health & Human Services' (HHS) national coordinator for HIT.

Together, these two electronic messaging functions could represent "a giant leap" in health care communications, Dr. Mostashari and many other public and private sector health care policymakers believe.

"For practicing optometrists and their office-staff, maintaining common data sets for patients, making personal health data available to patients on portals, and exchanging standardized patient data sets with other health care practitioners are about to become core functions in all health care practices and institutions," said Ian Lane, O.D., who is helping to develop optometric patient portal and SCR functions for AOAExcel's new XNetwork HIT (Health Information Technology) connectivity and interoperability service.

Patient portals – special websites maintained by health care practitioners to provide patients online access to their basic health information – could greatly enhance communications between patients and their health care providers.

Electronic summary-of-care records – uniform patient e-records designed to provide a concise and timely summary of basic patient information (identification, vital statistics, health care history, and treatment information) when a patient is transferred or referred – could similarly enhance communications among the various health care practitioners who provide care for a patient.

At a minimum, these two new electronic messaging functions – soon to become standard features in electronic health records (EHR) systems – could vastly improve the efficiency and effectiveness of routine patient-provider communications as well as record transfers among health care professionals, proponents believe.

Ultimately, they could usher in a new era of comprehensive health care with patients taking a more active interest in their health and practitioners adopting a cooperative, integrated team approach to care, proponents believe.

Both patient portals and summary of care records will be built around a common patient dataset, announced recently by the federal Office of the National Coordinator for Health Information Technology (ONC) (see box on page 38).

The AOAExcel XNetwork "will effectively ensure optometrists will be able to meet the new portal and record transfer requirements even in parts of the nation without health information exchanges (HIEs)."

Patient portals and electronic summary of care exchange will be required under the Medicare and Medicaid Electronic Health Records Incentive Program Stage 2 Meaningful Use criteria that take effect in 2014 (see *AOA News*, October), meaning practitioners will have to adopt and meet utilization criteria for both messaging functions in order to earn incentive bonuses under the program, Dr. Lane noted.

However, both patient portals and care summary exchange will also be required for participation in emerging care models such as medical homes and accountable care organizations, Dr. Lane added.

Increasingly, they will be required under emerging value-based insurance reimbursement programs, he said. Just as important, patient portals and SCRs are widely anticipated to rapidly become health care industry norms, expected of health care practitioners by both patients and their fellow practitioners.

Most major EHR vendors plan to have updated systems, with portal and care summary functions, available to practitioners by the end of 2013. However, health care practitioners will also need EHR connectivity, meeting federal Nationwide Health Information Network (NHIN) standards, for both care summary exchange and the providing of secure portal services for patients.

Conventional practice websites will not be acceptable for use as patient portals, according to Dr. Lane, because they will generally not meet federal Health Insurance Portability and Accountability Act standards for the privacy and security of protected patient information.

For optometrists, AOAExcel's planned new XNetwork, slated for introduction in early 2013, will offer NHIN-grade connectivity, sufficient to support both patient portals and care summary transfers in a convenient, cloud-based format that can be interfaced with practically any EHR system.

"The XNetwork will effectively ensure optometrists will be able to meet the new portal and record transfer requirements even in parts of the nation without health information exchanges (HIEs)," Dr. Lane said.

Applications in optometric practice

Overall, Dr. Lane believes optometrists and ophthalmologists appear to have a good reputation for exchanging adequate records when referring or co-managing patients.

However, information that is mailed or faxed needs to be manually added to a patient's medical record.

"The new EHR interoperability protocols mean that the patient information is not only transported electronically, but is consumed directly into the receiving doctor's EHR and becomes a part of the patient history," Dr. Lane said.

Moreover, optometrists often do not receive any records when a patient is referred by a general practice

See XNetwork, page 32

Summary of care records

The new summary of care records are designed to provide a concise "snapshot" of the pertinent information needed when a patient is transferred or referred from one health care practitioner or care setting to another, according to the U.S. Centers for Medicare & Medicare Services (CMS). The uniform care summary is part of a package of continuity of care documents (CCD) developed in part by the U.S. Centers for Disease Control and Prevention (CDC) and required for used under the Stage 2 meaningful use standards.

The Stage 2 standards call for health care practitioners and institutions to issue a summary of care document with a minimum of 12 elements (see box on page 38). To earn Stage 2 EHR incentive payments, practitioners will have to provide care summaries for more than 50 percent of the patients they refer or transition.

A "transition of care" is defined by the CMS as the transfer of a patient from one clinical setting to another (inpatient, outpatient, physician office, home health, rehabilitation, long-term care, etc.) or from one setting of care to another (hospital, ambulatory primary care practice, ambulatory, specialty care practice, long-term care, home health, rehabilitation facility).

EHR systems certified for use in federal incentive programs will allow practitioners to proactively "push" a care summary to another health care provider or institution using a special form of secure email. Those certified EHRs must have the ability to produce a "machine-readable" care summary, in a format such as XML, which can be read by and incorporated directly into another EHR system, Dr. Lane noted.

Although the CMS prefers that summary of care records be transferred electronically, agency officials acknowledge that the necessary technological infrastructure may still be under development in many parts of the nation. Therefore, health care professionals and hospitals will also have the option of either sending a paper copy of the summary of care record to the next provider or having the patient deliver the summary care record to the next provider themselves. However, a certified EHR system must be used to generate the care summary and record whether it was given directly to the provider or given to the patient to deliver to the provider.

AOA's committee participation key to optometry's fair treatment under Medicare

Thanks to the AOA's leading role in helping shape Medicare's payment and coding policy, optometry recently celebrated 26 years of fruitful participation in the Medicare program.

Physician services have been reimbursed according to a standardized physician payment schedule based on a resource-based relative value scale (RBRVS) for the past two decades. In the RBRVS system, payments for services are determined by the resource costs needed to provide them. The cost of providing each service is divided into three components: physician work, practice expense and professional liability insurance. This figure is further adjusted for geographical differences in costs and, finally, by an arbitrary conversion (a monetary amount determined by the Centers for Medicare & Medicaid Services (CMS).

Annual updates to the physician work relative values are based on recommendations from a committee involving the American Medical Association (AMA) and delegates from the 31 national medical specialty societies.

The AMA/Specialty Society RVS Update Committee (RUC) was formed in 1991 to make recommendations to the CMS on the relative values to be assigned to new or revised Current Procedural Terminology (CPT) codes. The RUC is responsive to changes in the health care delivery model that emphasizes primary care delivery.

The 31 members of the RUC represent the entire medical community. The AOA has held a seat at the Health Care Professionals Advisory Committee (HCPAC) since 1991. The HCPAC represents physician assistants, social workers, physical therapists, occupational therapists, podiatrists, psychologists, audiologists, speech pathologists, registered dieticians and optometrists. The HCPAC was formed to allow for participation of limited license practitioners and allied health professionals in the RUC process. Optometry is unique in that all of our codes are developed in conjunction with the American Academy of Ophthalmology (AAO) and are presented to the full RUC rather than to the HCPAC.

The workload of the RUC is determined by several interested parties, including the CPT Editorial Panel that may introduce new or revised CPT codes for valuation and the CMS whose surveillance of billed codes may detect certain trends (i.e., abrupt increase in volume or anomalous billing combinations) and seek explanations from the interested specialty societies.

The specialty society may then seek either to explain the frequency and present use of the code or to develop a survey of its member providers in order to ascertain an accurate current value for the service in question.

The specialty societies conduct the surveys, review the results, and prepare their recommendations to the RUC. Because optometry uses the same codes as the AAO, it coordinates its survey procedures and develops a consensus recommendation with them. The written recommendations are then sent to the RUC. These recommendations consist of physician work, time, and practice expense.

The specialty advisers for ophthalmology and optometry present the recommendations at the RUC meeting. The presentations are followed by a thorough question–and-answer period during which the advisers must defend every aspect of their proposal. The RUC may decide to adopt a specialty society's recommendation, refer it back to the specialty society, or modify it before submitting it to the CMS.

CMS Medical Officers and Contractor Medical Directors review the RUC's recommendations. The culmination of all of this work is the Medicare Physician Payment Schedule, which includes the CMS's review of the RUC recommendations and is published in late fall.

Because optometry uses the same codes as the AAO, we coordinate our survey procedures and develop a consensus recommendation with them.

In July, the CMS released its proposed changes to the Medicare Physician Fee Schedule for 2013. As expected, the rule includes a 27 percent reduction in payments due to continuation of the flawed sustainable growth rate (SGR) formula.

The CMS proposed additional cuts in its multiple procedure payment reduction (MPPR) policy for 2013. The CMS proposed to apply the MPPR to the professional component (PC) of certain diagnostic imaging services when two or more physicians in the same group practice furnish services "to the same patient, in the same session, on the same day."

The CMS proposed to apply a 25 percent MPPR to the technical component (TC) of certain diagnostic ophthalmological services. The CMS argued that the listed services represent codes frequently billed together and that various clinical labor activities would not be duplicated for subsequent procedures.

The CMS proposed to apply the 25 percent MPPR to TC-only services and to the TC portion of global services when two or more of the designated services (that is, two or more of the ophthalmology services) are furnished by the same physician (or physicians in the same group practice) to the same patient on the same day.

The CMS reviewed all of the diagnostic services, including Fluoroscein Angiography (92235) and Fundus Photo (92250), when determining that the technical component of some services should be cut 25 percent for the second procedure. In addition to 92235 and 92250, the CMS included eye ultrasound codes and other services including all visual field and optical coherence tomography (OCT) tests.

The AOA will be making comments regarding the MPPR.

While the CMS has examined the billing tendencies of all the medical specialties, optometry is one of the few professions that have remained on the plus side in the estimated impact on total allowed charges by specialty through the years.

The cuts in diagnostic testing have been offset by the relative increases in the evaluation and management (E/M) services and the general ophthalmological codes.

The AOA will update members once the final physician payment fee schedule is published later in November.

Virginia friendships

AOA Washington Office Director Jon Hymes, at right, joined AOA and Virginia Optometric Association members David Hettler, O.D., at left, and Fred Goldberg, O.D., second from right, for an afternoon discussion with friend of optometry and U.S. Senator-elect Tim Kaine.

The former Virginia governor and chairman of the Democratic National Committee, Kaine appointed Dr. Hettler to the Virginia Board of Optometry and last month indicated his interest in serving on the powerful Senate Health Committee and working closely with the panel's chairman, Sen. Tom Harkin of Iowa.

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THEVISIONCOUNCIL

Making the shift to evidence-based clinical practice guidelines

By Stephen C. Miller, O.D., and John F. Amos, O.D., members of the Evidence-Based Optometry Committee

Clinical research is a cornerstone of medical care. The results of clinical studies help determine the most effective patient care. But not all studies can be relied on to guide appropriate clinical decision-making.

How can clinicians handle conflicts in research results or clinical recommendations? When studies draw different conclusions or guideline recommendations vary, how can effective patient care strategies be determined?

One answer is evidence-based optometry and the development of evidence-based clinical practice guidelines. And the AOA needs the help of its members in their development.

Clinical practice guidelines aren't new. If you were practicing optometry in the mid-1990s, you probably remember receiving the first of what would become a series of 20 optometric practice guidelines developed by the AOA.

These guidelines have been regularly reviewed and revised as needed since their initial development to reflect the results of new research in diagnostic and treatment approaches.

They continue to be a valuable resource for clinicians and policymakers today. Copies of all the guidelines can be accessed on the AOA website (*www.aoa.org/x4813.xml*).

However, a new phase in clinical practice guideline development is being driven by the Institute of Medicine (IOM) of the National Academy of Sciences.

A provision in the Medicare Improvements for Patients and Providers Act of 2008 directed the IOM to develop rigorous new standards for the development of evidence-based guidelines.

These standards call for developing guidelines through a process that evaluates the quality of available research and ranks the strength of clinical recommendations based on that research.

According to the Agency for Healthcare Research and Quality (AHRQ) of IOM, to be evidence-based, guidelines must be:

- Based on a systematic review of the existing evidence;
- Developed by a knowledgeable, multidisciplinary panel of experts and representatives from key affected groups;
- Based on an explicit and transparent development process to minimize bias and conflicts of interest;
- Rated for both the quality of evidence and the strength of recommendations; and
- Reviewed every two years and revised when new evidence warrants.

While all the Optometric Clinical Practice Guidelines that have been developed are based on a review of the available research evidence, this new guideline development process puts increased emphasis on the evaluation of the strength of the research on which clinical practice recommendations are made.

New guidelines must attempt to quantify the extent to which clinicians can rely on both the patient care recommendations made and the research on which they are based.

Completed evidence-based optometric guidelines will bring together, in one place, the most current recommendations for patient care.

To meet this more rigorous standard, the AOA, through its Evidence-Based Optometry Committee, has begun the process of developing new evidence-based Clinical Practice Guidelines. The first guideline to be addressed is "Care of the Patient with Diabetes Mellitus."

Teams of optometrists, medical specialists, patient advocates, and other stakeholders will participate in the development of the new evidence-based optometric guidelines. They will:

- Write the clinical questions that need to be answered relating to the diagnosis and treatment of the condition being addressed by the guideline;
- Oversee a thorough search of the published literature;
- Read each available research study and evaluate its strength;
- Develop and rank clinical recommendations based on the strength of the research; and
- Identify gaps in research that need to be addressed by future research.

Completed evidence-based optometric guidelines will bring together, in one place, the most current recommendations for patient care.

In addition, they will provide an evaluation of the strength of evidence supporting each clinical recommendation to better guide practitioners in their clinical decision-making and patient care.

Only evidence-based guidelines that meet the standards mandated by IOM will be accepted for inclusion in the National Guidelines Clearinghouse, a national governmental database that currently includes nearly 2700 guidelines, including those previously developed by the AOA.

The AOA would like to invite you to get involved with this new and exciting process. If you are interested in participating on a multidisciplinary panel of experts for future guidelines, contact Danette Miller, AOA manager of Quality Improvement, at 314-983-4155 or via email at *DMiller@AOA.org*.

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California's Western U InSight Children's Eye Care Program helps women, families and children

The Western University of Health Sciences (Western U) College of Optometry was a 2012 recipient of the Healthy Eyes Healthy People® (HEHP) grant by the AOA and Optometry Cares® – The AOA Foundation for its Western U InSight Children's Eye Care Program.

The overall goal of the program was to increase the number of children, especially those age 5 years and younger, who receive an annual comprehensive eye exam, as a result of community engagement and education.

Health professionals engaging communities, populations

The key message for ODs from this program is that health professionals should actively engage targeted communities and educate parents about their children's eye health in meaningful ways. This is especially important when addressing health disparities and hard-to-reach populations.

In support of the Western U InSight Children's Eye Care Program, an outreach event was held in early October in collaboration with the YWCA San Gabriel Valley, which operates the WINGS Program (Women in Need Growing Stronger), a domestic violence shelter, outreach, and education program.

The YWCA WINGS program emphasizes health education with women and families in critical need of housing and basic needs.

There is a critical need for eye care services because many YWCA clients have school-age children and have been unable to get them regular eye care.

Western U students and faculty members provided eye exams to children and adults at one health intervention and education event, and health and safety education was provided by other partner agencies for accessing additional services.

The event was a partnership project between the Western U College of Optometry, WIC (Women, Infants & Children nutrition program), Headstart (early education program), Project Sister Family Services, the host city and police department, among many others.

For this hard-to-reach population, free services do not always result in high demand; however, by working with trusted community partners, this event was a success, and more than 100 parents and children participated. A follow-up event was scheduled two weeks following the original event to provide additional care and/or eyeglasses to those who needed them.

Western U has also provided similar services to children residing in a low-income housing complex in a nearby community.

Comprehensive eye exams, eyeglasses, and education were provided to participating families, and as a result, there are plans to implement this program at other similar facilities for the 2012-2013 academic year. Interventions that reach out to those most in need are of primary importance to the California Optometric Association (COA) and Western U.

It is anticipated that the Western U InSight Children's Eye Care Program will continue because the critical need of obtaining eye care impacts learning, school performance and adult employability in the targeted communities.

The Western U InSight Children's Eye Care Program outreach event was made possible by an AOA foundation state grant and has impacted the lives of many individuals who may not have otherwise been reached.

Congratulations to Miki Carpenter, Ph.D., MPH, and the COA for receiving a HEHP grant for the Western U InSight Children's Eye Care Program.

Dr. Carpenter is the director of assessment and program development, College of Optometry – Western University of Health Sciences.

HEHP funding was made possible through a generous grant from Luxottica.

David Todd, O.D., at right, performs an assessment on a child as part of a health intervention and education event.

Staffing the WINGS program, from left, are Jenica Morin-Pascual, outreach trainer/intern supervisor for the YWCA San Gabriel Valley; Miki Carpenter, Ph.D., MPH, director of Assessment and Program Development for Western U; Kristy Remick, O.D., director of Community Outreach; student Liza Smith; David Todd, O.D.; student Maryann Youssef; Jasmine Yumori, O.D.; and student Sharis Gharabeki.

Western U students assist in caring for women and children as part of the YWCA WINGS domestic violence program.

Share news from your state with the profession!
Contact Sue Chiles at schiles@aoa.org.

White House honors Berman for Special Olympics program

Leading sports vision optometrist Paul Berman, O.D., was honored at the White House Oct. 2 for his work as the founder and global clinical adviser of the Special Olympics Lions Clubs International Opening Eyes program, which provides vision testing and eyewear for intellectually challenged individuals.

Dr. Berman was among 11 Lion Clubs International members recognized during the latest in a series of "Champions of Change" ceremonies, held each week by the White House to spotlight Americans who are leading extraordinary initiatives to strengthen their communities.

Under the Special Olympics Lions Clubs International Opening Eyes program, volunteers provide all Special Olympics participants with a battery of vision tests, as well as protective sports goggles and prescription eyeglasses when needed.

Over the past two decades, the program has served intellectually challenged individuals in 80 countries and more than 45 states, with some 90,000 receiving eyewear provided by Essilor and Safilo.

Dr. Berman originally developed the program as an AOA Sports Vision Section project during his term as president of the section in 1991. Impressed with initial success of the program, the Lions Clubs International Foundation, through its Healthy Athletes Opening Eyes initiative, assumed sponsorship in 2001. Under a multiyear commitment, the foundation has provided more than $1 million in funding annually.

A widely recognized sports vision practitioner, Dr. Berman has worked with the New Jersey Devils, New Jersey Nets, the New York Giants, U.S. Olympic Hand Ball Team, and U.S. Olympic Fencing Team as well as golfers, high school and collegiate athletes, and recreational athletes.

His Hackensack, N.J., practice, Focus Eye Health and Vision Care, has been featured on ESPN.

A graduate of the Pacific University College of Optometry, Dr. Berman is a past New Jersey Optometrist of the Year Award and AOA SVS Optometrist of the Year. He was named the International Optometrist of the Year in 2005 by the World Council of Optometry.

A 20-year Lions Club member, Dr. Berman is also working with Essilor on the Lions Lens project, through which Lions Clubs International hopes to soon provide a high-quality, low-cost eyeglass lens for use in humanitarian projects worldwide. The lens is already being used in the United States and Africa. Dr. Berman hopes the lens will one day be used to provide vision correction for approximately 50 percent of all people who are blind or visually impaired due to the need for a simple pair of glasses.

Watch video from the White House at *www.whitehouse.gov/photos-and-video/video/2012/08/07/white-house-champions-change-program*.

Paul Berman, O.D., was honored at the White House as a "Champion of Change" for his work on the Special Olympics Lions Clubs International Opening Eyes program.

Election,

from page 1

For its part, AOA-PAC does not support presidential candidates, but is well-known for its involvement in congressional races across the country and for backing the campaigns of candidates who back optometry. AOA-PAC remains the only federal political action committee solely committed to helping optometry's friends win and hold their seats in Congress. AOA-PAC has been working overtime to maximize optometry's impact on congressional races in all 50 states.

In this election cycle, AOA members invested nearly $2 million into AOA-PAC, with significant leadership from a record number of Visionary investors, enabling AOA-PAC to support 343 candidates on the ballot and to achieve a 90 success rate.

Optometry's impact on the 2012 elections follows the AOA's recognition this year as being one of the most respected and effective advocacy groups in Washington, D.C., for its legislative and regulatory accomplishments and for outworking groups with an anti-optometry agenda.

For the full "day after" election report from the AOA, including victory reports from the campaign trail, visit *http://bit.ly/PXyBxa*.

AOA Marketplace features See Better, Play Better prints

"See Better, Play Better" is the theme of the latest series of AOA Brand Promise four-color art prints to be offered by the AOA Marketplace.

Suitable for display in optometric practices and other settings, the seven new 20" by 24" canvas prints – designed to remind patients of the importance of vision in sports performance – depict scenes of baseball, golf, soccer, and hockey.

The Brand Promise series now offers a total of 40 high-quality art prints with themes ranging from children's vision to eye care for older adults.

All prints come ready to hang with hardware included and no framing required.

Prints are $89 for AOA members and $133.50 for non-AOA members (plus shipping and tax where applicable).

Prints can be viewed on the AOA Brand Promise website at *www.aoabrandpromise.com*.

To order call the AOA Marketplace at 800-262-2210 or log onto *www.aoa.org/onlinestore*.

Submit optometry hall of fame nominations by end of year

Nominations for the 2013 National Optometry Hall of Fame are now being accepted. The National Optometry Hall of Fame highlights the luminaries within the field of optometry—individuals who have made a significant and long-lasting impact on the profession.

The deadline for nominations is Dec. 31. Nomination forms for 2013 can be downloaded from *www.aoa.org/HallofFame* or send an email request to *Foundation@aoa.org* with "2013 Nomination Form" in the subject line.

The selection criteria include:

- Nominees should be recognizable through their national stature.
- Nominees should have had a significant and enduring impact on the profession.
- A nominee's full range of contributions should be represented, e.g. professional leadership, academic leadership, research contributions, as well as other areas of significance.
- Diversity should be considered in the selection process.
- A balance of historical and current (but very well established) achievements should be considered.

Nomination form and supporting documentation for candidates to be considered are to be emailed to: *Foundation@aoa.org*, or mailed to: National Optometry Hall of Fame, c/o Optometry Cares® – The AOA Foundation, 243 N. Lindbergh Blvd., St. Louis, MO, 63141.

New inductees are determined by a selection committee that represents the AOA; the Association of Schools and Colleges of Optometry; the College of Optometrists in Vision Development; the National Optometric Association; and the American Academy of Optometry.

Inductees will be honored at Optometry's Meeting® in June 2013 to be held in San Diego, Calif.

AOA's InfantSEE® program receives SCCO's V-Award for special program achievement

InfantSEE®, a program administered by Optometry Cares® – The AOA Foundation, was honored by the Southern California College of Optometry (SCCO) with its distinguished V-Award for Special Program Achievement.

The national public health program was recognized at SCCO's Shared Visions Gala and V-Awards on Sept. 20 at the Richard Nixon Presidential Library in Yorba Linda, Calif., for its support of vision care for infants.

AOA President Ronald L. Hopping, O.D., MPH, accepted the V-Award from SCCO President Kevin L. Alexander, O.D., Ph.D., and SCCO Board of Trustees Chair Gene D. Calkins, O.D., J.D.

InfantSEE® celebrated its seventh anniversary in June 2012. Currently, there are more than 7,600 AOA-member volunteers who provide InfantSEE® assessments in all 50 states. Since the program's inception, an average of 14,000 infants have been seen each year.

AOA President Ronald L. Hopping, O.D., MPH, accepts the V-Award from SCCO President Kevin L. Alexander, O.D., Ph.D., and SCCO Board of Trustees Chair Gene D. Calkins, O.D., J.D.

InfantSEE's initial start-up and on-going funding has been provided by The Vision Care Institute, LLC, a Johnson & Johnson company, and two federal appropriations were received through Sen. Robert Byrd of West Virginia. The Allergan Foundation has also provided generous support for InfantSEE® events held at the schools and colleges of optometry.

The SCCO's eye care centers in Fullerton and Los Angeles are InfantSEE® program providers.

From left, Ruthie Ruan, O.D., Circle of Life Eyecare Center; Susie Killingsworth, RN, president-elect of School Nurse Organization of Oklahoma; and Georgene Westendorf, RN, Health Services coordinator of Putnam City Schools/SNOO representative to National Association of School Nurses Board of Directors.

HEHP state grant touches lives of Oklahoma children

Optometry Cares® - The AOA Foundation awarded 17 Healthy Eyes Healthy People® (HEHP) State Grants in 2012. Oklahoma's Ruthie Ruan, O.D., received an HEHP grant for her project to reduce visual impairment in children and adolescents.

The project focuses on increasing the public's understanding of the difference between vision screenings and comprehensive eye exams. It emphasizes the importance of comprehensive eye exams for school-age children.

The limitations of vision screenings provided in most public schools often leave many vision problems undetected. Parents often mistakenly think vision screening is an eye exam, and therefore do not take their children to eye care professionals for a comprehensive exam if they pass the screening.

See HEHP, next page

HEHP,

from previous page

The project partners with the Putnam City Schools to help parents understand the critical difference between vision screenings and eye exams, and the importance of comprehensive eye exams. This project has touched the lives of more than 9,000 people.

Optometry Cares® - The AOA Foundation, with the support of Luxottica, improves and promotes the visual health of the nation through its HEHP State Grants program.

The HEHP program promotes partnerships between optometrists, government agencies and health care advocates to expand approaches for community outreach by awarding grants to foster programs that address eye and visual health objectives set forth in Healthy People 2020.

Each awardee receives a one year grant up to a maximum of $5,000.

Any optometrists may apply through their state optometric association, which must officially submit the application.

Each state optometric association, through its appointed HEHP state consultant, helps to create interest in the HEHP program.

Collaborations with other state health associations and/or public agencies must reflect broad-based sponsorship and letters of support from collaborators/ participating organizations are required.

The AOA Foundation's Community Grants Committee evaluates each application and selects and awards the funding.

Without Luxottica's ongoing support of this program, important work like Dr. Ruan's could not be accomplished.

Staff, United Way campaign highlight year-end giving

Once a year, each of us has a chance to make a difference in the lives of people in our community through our association's United Way Campaign and in our optometric community through Optometry Cares®-The AOA Foundation. AOA staff came together for two weeks in October and raised $19,000 for the United Way and Optometry Cares® - The AOA Foundation. The foundation thanks everyone for their support!

Send letters to:

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TLOverton@aoa.org

The AOA News reserves the right to edit letters submitted for publication.

Incentives,

from page 1

implement EHRs in their offices. Optometrists across the country are taking the opportunity to meet government standards for EHR utilization in patient care and qualify for incentive bonuses. In the process, they are readying their practices for new care models that will require EHRs."

At the current rate of adoption, by year's end, about one in every 10 practicing optometrists in the United States will have not only implemented EHR systems but will have met the government EHR "meaningful use" standards necessary to qualify for incentive payments, he noted.

Under the Medicare EHR Incentive Program, which went into effect Jan. 1, 2011, health care practitioners can earn up to a total of $44,000 ($48,400 in federally designated health professional shortage areas) over the five-year life of the program if they install EHR systems that are certified for use under the program and achieve compliance with the program's EHR utilization criteria, known as "meaningful use" standards.

The CMS began issuing Medicare EHR incentive payments in May.

Practitioners who have entered the program during 2011 or 2012 could earn up to $18,000 during their first year of participation.

During those calendar years, incentive payments for first-time participants are based on 75 percent of the participant's total Medicare-allowed charges for the year, up to a billing threshold of $24,000.

Optometrists participating in the incentive program have to date received an average of $15,478 in payments.

Maximum first-time incentive payments for those entering the program during the period 2013-2015 will be reduced each year.

However, practitioners who enter the program during 2013 could still earn a total of $39,000 in incentives.

Practitioners will not be allowed to enter the incentive program after 2015.

The totals in the CMS report do not include payments made through the Medicaid EHR Incentive Program.

As the result of efforts by the AOA Advocacy Group and state optometric associations, optometrists can now participate in Medicaid incentive programs in at least eight states.

The compete CMS report can be accessed at *http://tinyurl.com/CMSEHRAugust*.

For additional information on the Medicare EHR Incentive Program, see the AOA website EHR page (*www.aoa.org/ehr*).

Medicare Incentive Payments

	August 2012 Providers Paid	August 2012 Payment Amount	Program-to-Date Providers Paid	Program-to-Date Payment Amount
Eligible Professionals				
Doctors of Medicine or Osteopathy	6,787	$ 121,901,363	66,367	$ 1,139,584,583
Dentists	5	$ 90,000	66	$ 1,018,856
Optometrists	188	$ 3,375,397	2,875	$ 44,500,194
Podiatrists	255	$ 4,548,709	3,524	$ 62,709,482
Chiropractors	49	$ 833,336	1,485	$ 19,255,495
Total Eligible Professionals	**7,284**	**$ 130,748,806**	**74,317**	**$ 1,267,068,609**
Eligible Hospitals				
Subsection (d) Hospitals	101	$ 186,831,432	1,147	$ 2,220,803,954
Critical Access Hospitals	12	$ 9,093,128	186	$ 115,187,430
Total Hospitals	**113**	**$ 195,924,560**	**1,333**	**$ 2,335,991,384**
TOTAL	**7,397**	**$ 326,673,366**	**75,650**	**$ 3,603,059,994**

ODs prescribe $1 billion in pharmaceuticals

Optometrists prescribed $1,050,259,458 in pharmaceuticals over the 12-month period ending July 31, according to industry tracking data compiled by Allergan, Inc.

That marks the first time the nation's optometrists have ever prescribed a total of $1 billion in pharmaceuticals over a 12-month period, according to Dave Gibson, Allergan's U.S. director of optometric professional relations and strategic initiatives.

The data, representing pharmaceuticals from all manufacturers, was collected through the IMS, Vector One: National (VONA) database, which tracks dispensing of prescription pharmaceuticals in retail pharmacies.

It includes only prescriptions filled through traditional "brick-and-mortar" pharmacies, Gibson noted. Mail order sales would probably add another $100 million to the total, he estimated.

Fungal meningitis recall expanded to ophthalmic drugs

The U.S. Food & Drug Administration (FDA) is warning health care providers not to use any products produced by the New England Compounding Center (NECC), of Framingham, Mass. – including ophthalmic drugs produced by the company for use in injections or in connection with eye surgery.

NECC, a compounding pharmacy, announced a recall of all its products on Oct. 6, in the wake of reports that at least one patient who had received epidural injections of a steroid produced by the company for back pain treatment had developed fungal meningitis. Since then, NECC pharmaceuticals have been linked to as many as 233 fungal infections in 15 states.

Although concern initially centered on the steroid produced by NECC for use in treating back pain, the FDA on Oct. 15 issued an expanded warning against the use of any company products, including the company's ophthalmic pharmaceuticals.

The FDA is concerned that NECC's ophthalmic drugs are processed under conditions similar to those under which the company other pharmaceuticals are prepared.

However, no infections specifically associated with the NECC's ophthalmic drugs have been reported so far as of Nov. 1.

Nearly 14,000 people nationwide may be at risk of infection because they received injections from suspect medications shipped to 76 facilities in 23 states, according to the FDA.

Symptoms of fungal infection include fever, headache, stiff neck, nausea and vomiting, photophobia and altered mental status. Symptoms for other possible infections may include fever; swelling, increasing pain, redness, warmth at injection site; visual changes, pain, redness or discharge from the eye; chest pain, or drainage from the surgical site.

The FDA is advising health care professionals that all products distributed by NECC should be retained, secured, and withheld from use.

Products from NECC can be identified by markings that indicate New England Compounding Center by name or by its acronym (NECC), and/or the company logo that can be accessed at *www.neccrx.com/necc-logo.gif*. A complete list of all products subject to this recall can be accessed at *www.neccrx.com/List_of_all_products_manufactured_since_January_2012.pdf*.

For additional information see the FDA's drug safety advisory at *www.fda.gov/Drugs/DrugSafety/ucm322734.htm*.

Past COVD president Getz remembered fondly

Donald J. Getz, O.D., a world-renowned behavioral optometrist, international lecturer, and author of five textbooks and countless journal articles on the subject of vision therapy for strabismus, learning disabilities, and sports vision, passed away Sept. 2.

Dr. Getz had appeared on national television and radio programs and was a consultant to numerous school districts and professional athletes. Dr. Getz was an associate professor at the Southern California School of Optometry, chief consultant on strabismus and amblyopia at the California Optometric Association, and served as visual consultant to the U.S. Olympic Team. He maintained a private practice with Gary Etting, O.D., in Van Nuys, Calif.

Dr. Getz attended the University of California, Los Angeles, and graduated magna cum laude from Los Angeles College of Optometry. He was a Fellow of the American Academy of Optometry, the International College of Applied Nutrition, and the College of Optometrists in Vision Development (COVD) where he served as president and chair of the Board of Directors. He was recipient in 1988 of COVD's Skeffington Award for excellence in optometric writing and in 1986 of the President's Award for dedicated service and professional excellence.

Dr. Getz, at right, was once a guest on Dinah Shore's show.

Dr. Getz was a great comedian who loved making jokes for his family and optometric audiences. He enjoyed nothing more than being the emcee at the annual COVD convention. He was an avid sports fan who valued his season tickets to the LA Dodgers, LA Lakers, LA Kings, LA Rams, and UCLA basketball. He was an enthusiastic tennis player who belonged to the Mulholland Tennis Club, where he had many friends who would sometimes question his line calls on the court. Ironically, he was also the optometric consultation to the ATP line judges for the U.S. Open.

Dr. Getz enjoyed traveling internationally to optometric conferences and scuba diving.

He is survived by his second wife, Lynne Getz, his brother and sister-in-law Clifford and Regina Getz, his daughters, Dana and Nina Getz, who are both ODs, and his beloved grandchildren, Daniel and Maxwell Grant, Donia and Charles Merkel.

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Reminder: Optometrists subject to $500+ fee for Medicare DMEPOS enrollment

Optometrists who wish to provide eyeglasses for cataract patients under Medicare are subject to a new durable medical equipment prosthetics, orthotics and supplies (DMEPOS) registration fee every three years, according to the AOA Advocacy Group.

As reported previously, the fee was put in place in March 2011 over the objections of the AOA and other physician organizations when the Centers for Medicare & Medicaid Services (CMS) decided to treat all DMEPOS suppliers as institutional fraud risks.

Under a government initiative to screen out unscrupulous providers, all physicians who are now enrolled as health care practitioners or suppliers under Medicare will be required to re-enroll by March 2015.

Optometrists should watch for letters to revalidate their Medicare enrollment, which verifies their enrollment records in the government health plan's Provider Enrollment, Chain and Ownership System (PECOS).

Optometrists and other health care physicians who wish to provide only professional services are not subject to any Medicare registration fees, the AOA Advocacy Group noted.

However, those who wish to provide health care products, including eyeglasses, are subject to a new $500+ fee ($523 this year, indexed to increase annually with inflation) as well as stringent new screening requirements including site visits by inspectors.

The Medicare DMEPOS registration fee is distinct from the health plan's DMEPOS provider surety bond requirement, from which optometrists have been exempted unless they provide eyeglasses to the public without any sort of examination of the patient, and separate from the DMEPOS accreditation requirement, until the CMS decides to implement supplier standards for physicians.

The AOA Advocacy Group has been lobbying to win exemption for optometrists from the DMEPOS registration fee as well.

However, at this time, the registration fee remains applicable to eyewear providers and other physicians who furnish DMEPOS to their patients, AOA Advocacy Group staff noted.

Many optometrists have been receiving notifications to re-enroll in Medicare over recent weeks, the AOA Advocacy Group reported.

For additional information, see "HHS anti-fraud program to mean new scrutiny, fees for physicians," on the *AOA News* blog (*http://tinyurl.com/AOANewsDMEfee*) or the Medicare Learning Network article "Further Details on the Revalidation of Provider Enrollment Information" (*http://tinyurl.com/MLNSE1126*).

AMA report acknowledges Harkin Law repeal effort stalled by AOA-led lobbying

A draft report being prepared for the leadership of the American Medical Association (AMA) points to the Capitol Hill lobbying efforts of optometry and its allies for thwarting organized medicine's efforts to date to repeal the Harkin Law, an AOA-backed measure enacted in 2010 to bar anti-optometry discrimination by health plans.

While the report maintains that the AMA and its allies will continue working toward repeal of the Harkin Law, the report blames the lack of progress on the AOA and its partners by saying that "it must be recognized that the supporters of (Public Health Service Act) Section 2706 (the Harkin Law) are, in themselves, a significant political force…"

The entire AMA document, obtained by the AOA, can be found on the NewsfromAOA blog at *http://newsfromaoa.files.wordpress.com/2012/10/i12-bot-report-08.pdf.*

The AMA's acknowledgement after two years that it is not making progress in undoing the Harkin Law is further confirmation that the AOA is increasingly being recognized as an advocacy force in the nation's capital. Further supporting that fact, the AMA report concludes that there is currently "little interest by potential champions in Congress to put themselves between two powerful health care constituencies."

In June, the AOA was the only health care group in the nation to be included in a prestigious lobbying "top 10" list based on an annual survey of Washington, D.C., insiders conducted by CEO Update, a publication covering the association sector.

Full AOA coverage of that recognition can be found at *http://newsfromaoa.org/2012/07/13/survey-of-dc-insiders-places-aoa-on-lob-byings-top-10-list/.*

Scheduled to be presented to the full AMA Board, the draft report was called for under a resolution approved earlier this year reaffirming the AMA's desire to overturn the Harkin Law and calling on its volunteers and staff to explain why no progress has been made toward its repeal.

The report is slated to be delivered by AMA Board of Trustees Chairman Steven Stack, M.D., at the group's interim annual meeting this month.

According to the AMA, the group opposes the Harkin Law because it says it would effectively limit the ability of health plans to distinguish among varying health care providers.

In fact, an AMA spokesperson asserted earlier this year that "before the clause, insurers could have chosen medical doctors over other practitioners or considered their credentials to be of higher quality…"

The AOA-backed Harkin Law was originally opposed by organized medicine and the health insurance industry at each step of the nearly two-year health care reform battle in the nation's capital.

Starting in 2014, this first-ever federal standard of provider non-discrimination will bar health insurers – including ERISA plans – from discriminating against ODs and others in terms of plan coverage and participation.

Through a full mobilization of advocacy resources, the AOA has turned back similar AMA-led schemes opposing hard-won provider non-discrimination safeguards that seek to assure full recognition of optometrists by health plans.

Going forward, the AOA will continue working to ensure pro-access, pro-patient provisions included in the health overhaul law are fairly implemented.

"Optometry rallied as never before to become a force in the battle over national health care reform, and the AOA-backed patient access provisions included in the new law clearly show it," said Ron Hopping, O.D., MPH. "The simple fact is millions more Americans will gain access to their local optometrist because the new federal law we fought for will target the discriminatory practices of health plans."

"While highlighting the fact that optometry has become a respected force in the nation's capital, this report also serves as a reminder that organized medicine will stop at nothing to repeal the Harkin patient access law and turn back the clock on our patients and profession," added Hopping. "As a profession, this only strengthens our resolve. I say, if we have to take on and defeat organized medicine all over again on this issue, then so be it."

For more information on AOA advocacy and to learn more about how you can get involved, including through the AOA Federal Keyperson Program and AOA-PAC, contact the AOA Washington Office at 800-365-2219 or email *Impact WashingtonDC @aoa.org.*

> *"...This report also serves as a reminder that organized medicine will stop at nothing to repeal the Harkin patient access law and turn back the clock on our patients and profession."*

Hopping meets with APHA leaders, sees bigger role for optometrists in 'rewired' public health care system

Optometry's role in a rapidly changing public health system was the topic as AOA President Ronald Hopping, O.D., MPH, met with top American Public Health Association (APHA) leaders – including APHA President Melvin Shipp, O.D., Dr.PH, MPH – and experts in a half dozen specialized public health fields during the APHA 140th Annual Meeting and Exposition, Oct, 27-31, in San Francisco.

"We're exploring new ideas, new partnerships and new approaches to address issues critical to both the profession of optometry and the public health system," Dr. Hopping said, echoing a conference theme.

In addition to APHA leaders, Dr. Hopping met with Thomas R. Frieden, M.D., director of the U.S. Centers for Disease Control and Prevention during the meeting.

The American public health system is in a virtual "state of crisis" as the result of anticipated funding cutbacks at the federal, state, and local levels. Dr. Shipp told *AOA News* shortly after assuming leadership of the 30,000-member public health association last year.

Those funding cutbacks come just as demand for public health services is increasing with changes in the U.S. economy and as studies continue to uncover disparities in the nation's health care system, Dr. Shipp added.

This year's APHA midyear meeting focused largely on "rewiring" the American public health care system to address growing demand for services amid increasing financial restraints, Dr. Shipp said.

"Optometrists must play a prominent role in a revamped public health system," Dr. Hopping emphasized. "Public health must meet the growing demand for eye and vision care. Moreover, optometrists often service as a point of entry to the health care system, diagnosing ocular manifestations of systemic conditions that often occur at higher rates of frequency in disadvantaged and underserved populations."

"Yet within the low income population served by federal qualified community health centers, as many as 7.5 million children are going without access to comprehensive primary care optometry vision services, and these numbers will soon swell to over 9 million," noted Michael Duenas, O.D., AOA chief public health officer, citing data from the U.S. Health Resources Services Administration (HRSA), 2010 Uniform Data System (UDS) metrics.

During two days of meetings at the APHA conference, Dr. Hopping outlined strategies by which the public health system can more effectively provide eye and vision care, despite economic constraints, and how optometry can enhance public health's mission to provide care for the underserved.

The intensive round of talks included discussions with the following APHA sections:

- Aging and Public Health Section
- Alcohol, Tobacco and Other Drugs
- Environment
- Epidemiology
- Injury Control and Emergency Health Services
- Maternal and Child Health
- Mental Health
- Oral Health, and
- School Health and Education Services.

During each meeting, Dr. Hopping provided specialized AOA fact sheets on the importance of optometry to each field of public health and opportunities for mutually beneficial interaction.

AOA members interested in working with local public health officials to address eye care-related issues can access the AOA public health fact sheet on the AOA website public health page (*www.aoa.org/x4778.xml*).

"For example, many in the field of injury control and emergency health services may not yet be aware of the role optometrists can play in preventing injuries through the dispensing of protective eyewear or in reducing the need for expensive emergency room care by providing emergency eye care in their practices," Dr. Hopping said. "Conversely, many optometrists may not yet realize the important role they could play in reducing tobacco use and alcohol abuse by counseling patients on how these substances can be a contributing factor in cataracts and other eye conditions."

Expanded participation by optometry in public health will not only be important in caring for underserved populations but, ultimately, meeting the health care needs of America as a whole, Dr. Hopping said.

The American health care system is moving rapidly towards new coordinated care models, such medical homes and accountable care organizations, based on concepts first developed in public health, Dr. Hopping said.

"In demonstrating the critical role optometry can play in the public health system of today, we can help to ensure optometry's place in the coordinated care system that will serve much of the U.S. population in the not-to-distant future,"

APHA President Mel Shipp, O.D., Dr. PH, MPH, awards the APHA presidential citation to President Barack Obama. Howard K. Koh M.D., MPH, assistant secretary for Health, U.S. Department of Health & Human Services, accepted the award on the president's behalf.

"Public health must meet the growing demand for eye and vision care. Moreover, optometrists often service as a point of entry to the health care system, diagnosing ocular manifestations of systemic conditions that often occur at higher rates of frequency in disadvantaged and underserved populations."

At the American Public Health Association meeting in San Francisco, from left, AOA President Ron Hopping, O.D., MPH, AOA InfantSEE Committee Chair Glen Steel, O.D., and APHA President Mel Shipp, O.D., Dr.PH, MPH.

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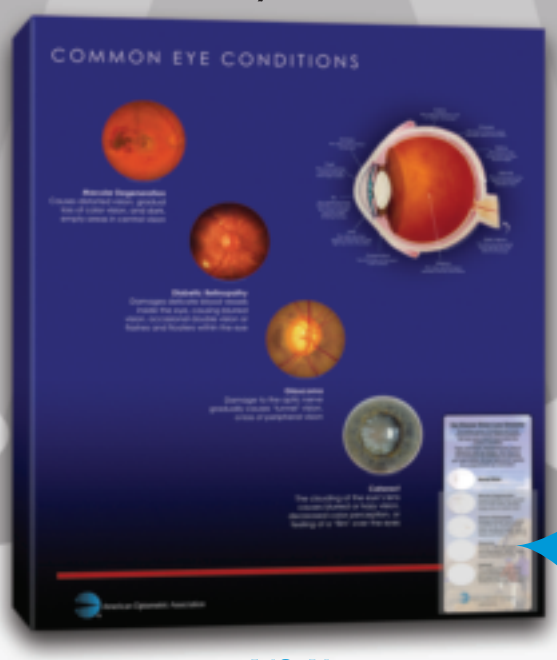

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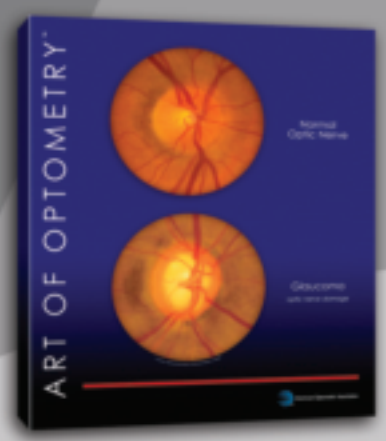
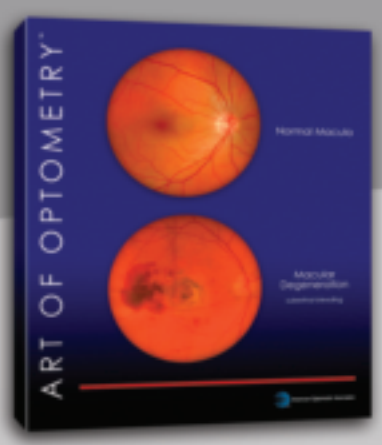
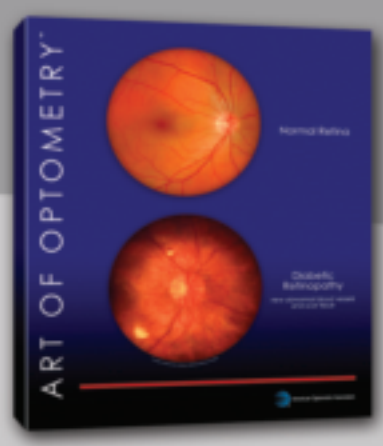


GP-5 *Glaucoma*

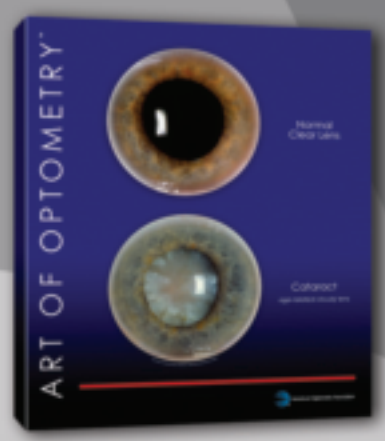


GP-6 *Macular Degeneration*

GP-9 *The Human Eye*



GP-7 *Diabetic Retinopathy*



GP-8 *Cataract*

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Disaster,

from page 1

continued. "So in deference to the staff and patients, we were closed Monday and Tuesday. Many areas around us do not have power, and we were told not to expect the power back in our apartment for at least a week. I admire my staff for their determination in getting back to work and helping our patients. We are seeing patients today with a curtailed schedule. Some patients just welcome the opportunity to get out of the house and into full lighting and warmth and Wi-Fi access. Sandy has been slow to depart, so the skies are still overcast, adding to the gloomy feeling. There are long lines for the few food establishments that are open, and gas lines that remind me of 1973. Since many houses are running electricity on generators, the few stations that have gas left have lines as much as a mile long to get in."

Dr. Press also expressed the resilience of those affected by the hurricane.

"But as Governor Christie says, yesterday was a time to grieve and today is a time of resolve in rolling up our sleeves, helping others, and doing what makes this state and country great during challenging circumstances. We very much appreciate the offers of assistance from around the country and the world," he said.

Other affected optometrists may contact their state association or Optometry Cares® at *www.optometryscharity.org/ofdr* or 800-365-2219 directly to initiate financial assistance.

How You Can Help

To ensure funds are available for all who need assistance, AOA members are encouraged to make a donation to Optometry's Fund for Disaster Relief.
Contributions are deductible to the fullest extent of the law, as no goods or services are furnished by the Optometry Cares® – The AOA Foundation, a 501(c) (3) organization, in exchange for the gift to Optometry's Fund for Disaster Relief.

To contribute, simply mail a check to Optometry's Fund for Disaster Relief, 243 N. Lindbergh Blvd., First Floor, St. Louis, MO 63141 or make a donation online at *www.optometryscharity.org/ofdr*.

Plows were working on Ocean Avenue, clearing sand much as if it were snow. **Caption and photo credit: Leonard Press, O.D.**

ODs to hold 10 elected state offices in 2013

Optometry has also been very active this year at the state level helping optometry-friendly candidates on the ballot. This cycle, optometrists have spent more than $3 million helping candidates and optometrists get elected to state offices.

A highlight of yesterday's elections is Mike Kreidler, O.D., who was re-elected to his fourth term as Washington State Insurance Commissioner. Dr. Kreidler is not just a champion of optometry in his state, but also nationally. To view Dr. Kreidler's comments during the first joint Advocacy Conference in Washington, D.C., held earlier this year, visit *www.aoa.org/x23424.xml*.

In addition to Dr. Kreidler, five optometrists won election or re-election to state legislatures yesterday. They will join the four optometrist legislators already serving in state capitals. This demonstrates optometrists' commitment to their communities and a willingness to show leadership in these difficult times. The AOA congratulates all of the optometrists and optometry-related candidates who ran this year.

Optometrists winning re-election yesterday:

- Rep. James Beverly, O.D., (D), Georgia District 143. Dr. Beverly won a special election on July 19, 2011, held to fill a vacant seat in District 139. Due to redistricting, he ran yesterday to represent District 143. (ran unopposed)
- Rep. J. David Crum, O.D., (R), Kansas District 77. (ran unopposed)
- Rep. Arthur J. Corvese, O.D., (D), Rhode Island District 55. (ran unopposed)
- Mike Kreidler, O.D., (D), Washington. Dr. Kreidler, who previously served in the U.S. House of Representatives, won his fourth four-year term as the state's elected Insurance Commissioner.
- Rep. Deborah A. Long, O.D., (R), South Carolina District 45. (ran unopposed)

At the 2012 joint Advocacy Conference, from left, HHS Deputy Administrator Steve Larsen, J.D., Washington State Insurance Commissioner Mike Kreidler, O.D., AOA Immediate Past President Dori Carlson, O.D., and James Devleming, O.D., of Optometric Physicians of Washington.

Optometrists seeking their first term in the state legislature winning election:

- David Curtis, O.D., (R), North Carolina Senate District 44.
- David Parker, O.D., (R), Mississippi Senate District 19. Dr. Parker ran yesterday to fill a vacant Senate seat in a special election set to coincide with the general election. There is no primary for special elections in Mississippi, where all candidates run without party identification. Dr. Parker, as one of the top two vote getters, will now advance to a runoff on Nov. 27.

State legislators related to optometry who won re-election:

- Sen. John F. Keenan (D), Massachusetts District 26 (Norfolk and Plymouth). Sen. Keenan is married to Jeanne Marie Hopkins, O.D. (ran unopposed)
- Sen. Bette Lasky (D), New Hampshire District 13. Sen. Lasky – who served in the New Hampshire House representing District 26 from 1998-2008 and the New Hampshire Senate representing District 13 from 2008-2010, but was defeated in her re-election race for the Senate two years ago – ran again yesterday and won. Sen. Lasky is married to Elliot Lasky, O.D.
- Rep. Gary Odom (D), Tennessee District 55. Rep. Odom is the executive director of the Tennessee Association of Optometric Physicians. No Republican filed for office.

The following optometrists serving in their state legislatures whose terms were not up this year will continue to serve next year:

- Sen. David R. Heitmeier, O.D., (D), Louisiana District 7.
- Sen. Ed Hernandez, O.D., (D), California District 24.
- Rep. James McClendon Jr., O.D., (R), Alabama District 50.
- Delegate Roxann L. Robinson, O.D., (R), Virginia District 27.

The following state legislators related to optometry whose terms were not up this year will continue to serve next year:

- Rep. Andy Anders (D), Louisiana District 21. Rep. Anders is the father of Bridget Anders Milliken, O.D., who practices in Ferriday, La.
- Rep. Stephanie Malone (R), Arkansas District 64. Rep. Malone is the niece of U.S. Sen. John Boozman, O.D.
- Rep. Johnny Mack Morrow (D), Alabama District 18. Rep. Morrow is married to Martha Morrow, O.D.

Third Party Center develops much-needed information package outlining proper vision rehabilitation coding

Insurance, Vision Therapy, and Neuro-Optometric Rehabilitation, a new information package from the AOA Third Party Center, offers long-sought guidance on proper coding and billing for vision rehabilitative services, according to authors Harvey Richman, O.D., Jason Clopton, O.D., and Richard Soden, O.D.

"Vision therapy (VT) and neuro-rehabilitation today are often used to treat specific diagnosed ocular, visual and visual perceptual conditions. In some cases, vision therapy is the only available and effective treatment option for those conditions," said Dr. Richman.

Increasingly, treatment may be covered under major medical or vision insurance plans.

However, many practitioners continue to have questions about the proper way to code VT and neuro-rehabilitation on insurance claims, Dr. Richman notes.

"Inability to properly report these services on claims could mean needless claim rejections and, ultimately, that patients do not receive the care they need."

"Inability to properly report these services on claims could mean needless claim rejections and, ultimately, that patients do not receive the care they need," Dr. Richman said.

The comprehensive new 58-page AOA vision therapy coding package provides an overview of the health care coding system and basic advice on the selection of billing codes, with detailed information on the selection of:

- Examination procedure codes
- Special testing codes
- Follow-up examination procedure codes, and
- Therapy codes.

Extensive information is provided on the documentation necessary to meet coding requirements, and, in particular, the documenting of sensorimotor exams in patient medical records.

A special section focuses on the types of health care providers who are authorized to submit 97000 therapeutic service codes.

The package also provides sample forms and letters to insurance carriers for preauthorization requests, responses to requests for additional information, and responses to denied claims.

Dr. Richman and his coauthors encourage practitioners to appropriately code services for all vision therapy and neuro-rehabilitation patients, even when insurance reimbursement will not sought, as mean of ensuring consistency in patient records and encouraging mastery of coding procedures.

AOA members can access the "Insurance, Vision Therapy, and Neuro-Optometric Rehabilitation" information online at *http://tinyurl.com/AOAVRScoding*.

AOA urges ODs to report adverse novelty CL events to FDA

With a growing number of websites and small retailers continuing to illegally offer decorative, noncorrective contact lenses for sale without prescription, optometrists should be diligent in reporting all adverse events associated with such lenses to the U.S. Food & Drug Administration's (FDA) MedWatch Safety Information and Adverse Event Reporting Program. Information may be reported to the FDA's MedWatch program by phone at 800-FDA-1088, by fax at 800-FDA-0178, online at *www.fda.gov/medwatch*, or by mail to 5600 Fishers Lane, Rockville, MD 20852-9787.

'Ask the Codeheads'

All optometrists need to know about the ICD-10 coding changes (for now)

Edited by Chuck Brownlow, O.D., Medical Records consultant, AOAExcel™

The implementation of ICD-10 has been delayed until Oct. 1, 2014. ICD-9 will be in full force for all services one provides through Sept. 30, 2014. Between now and then, the AOA will provide a lot of information and advice about how to prepare, but most of that will be delayed until much closer to the implementation date.

For now, it will be important to watch *AOA News* and other professional media for general information about ICD-10, including suggestions regarding how it might impact your practice.

In general, though there will be many more codes in ICD-10 than in ICD-9, and individual codes will include more key information about each case. That means fewer codes will be needed to reflect the diagnosis and details related to the management of each patient's case.

For example, for ICD-9 reporting residual stage open-angle glaucoma, moderate stage, one would report 365.15, plus a second code indicating the stage, 365.72. In ICD-10, a single code will include all that information, H40.1532.

I found this code by going to a free website, *http://www.icd10data.com*, and entering primary open-angle glaucoma, moderate stage. The answer popped up immediately.

The fear of ICD-10 should quickly dissipate when one spends a little time with online research, realizing that all these resources will become even more accurate and user-friendly as the ICD-10 implementation date approaches.

Although there will be more codes to work with in ICD-10, making it difficult to work purely from standard, hard copy reference manuals, computer software will offer greater ease and accuracy than has been available before. Better yet, much of that software will be incorporated into office management and electronic health record software or available as standalone software, free or at very low cost.

With this in mind, it will be important to resist spending a lot of money on staff and physician education regarding ICD-10, certainly through 2013.

Many vendors are already aggressively promoting their education materials, often employing fear tactics to convince you to "sign up."

Just as with HIPAA education 10 years ago, you can be pretty sure that adapting to ICD-10 will not be as bad as it sounds and certainly won't be as expensive as some would have you believe.

For now, until a few months before Oct. 1, 2014, it is important that you pay very close attention to the correct application of the current coding resources, ICD-9 and Current Procedural Terminology (CPT © American Medical Association, AMA).

When you purchase references for 2013, be sure to get the official AMA CPT.

Many other publishers offer books that "interpret" or "simplify" CPT, which often leads to disagreements and misunderstandings with the accurate choices of codes.

ICD-9 and CPT help you understand the rules of medical record-keeping and coding and provide you with all the diagnosis and procedure codes you'll need for submitting accurate claims to Medicare and other insurers.

You may want to supplement CPT with the Documentation Guidelines for the Evaluation and Management Services (99000 series office visit codes), which provide a very objective and repeatable means of accurately matching the content of your patient's record to the proper office visit code.

The AMA CPT and ICD-9, abridged for eye care, are available through the AOA Order Department as a package titled "Codes for Optometry." Call 800-262-2210 to order.

ICD-10 tips

ICD-10 implementation has been delayed to Oct. 1, 2014. Many consulting companies are offering seminars and teaching materials to assist you in preparing for that deadline. The AOA will also be providing webinars, study guides, articles, etc., as it gets closer to implementation time.

For now, the AOA strongly recommends that you continue to learn more about Current Procedural Terminology and ICD-9, as they are currently the nationally recognized resources for medical records.

Well before Oct. 1, 2014, software based solutions will permit you to easily choose ICD-10 codes. It is very likely that little or no additional preparation will be necessary.

AOAExcel™ Medical Records & Coding Resources

The following resources are available to AOA members through AOAExcel. Visit *www.ExcelOD.com*.

- **"Frequently Asked Questions"** for members-only, provides detailed answers to medical records and coding questions.
- **AskTheCodingExperts@AOA.org** offers AOA members the opportunity to email their coding questions and have them answered by a topical expert in medical records and coding.
- **Medical Records and Coding Webinars** are provided as a no-cost AOA member-only benefit to educate doctors and staff on medical record-keeping and coding.
- The **AOAConnect** social networking site features a Coding & Billing Group where AOA members, students, volunteers and staff can share information that specifically relates to coding and billing (*connect.aoa.org*).
- **AOACodingToday.com** is an AOA member-only benefit available to all AOA members at no cost (previously $349). AOACodingToday.com is a Web-based resource for information related to procedure and diagnosis codes, national and local coverage rules, and Medicare relative value information.
- **AOA.ReimbursementPlus.com Suite**, a customized version of the industry-leading Current Procedural Terminology (CPT) data and information service, ReimbursementPlus® is the leading cloud-based service for any information related to procedure and diagnosis codes, fee analysis, Centers for Medicare & Medicaid Services (CMS) reimbursements, national and located coverage rules, Correct Coding Initiative (CCI) edits and any other CPT information desired, all specific to the practitioner's ZIP code. *AOA.ReimbursementPlus.com* provides critical real-time information that will greatly benefit AOA members in medical coding and compliance within their eye care practices.
- **Codes for Optometry** is provided by the AOA's Order Department for $140. It is a two-volume set including Current Procedural Terminology© American Medical Associaiton codes and a separate volume of diagnosis codes used in eye care, Medicare's Correct Coding Initiative, the Healthcare Common Procedure Coding System (HCPCS) codes for reporting materials in Medicare, and the Documentation Guidelines for the Evaluation and Management Services. Codes for Optometry is available on a CD in a searchable format.

The AOA is devoted to assisting members in dealing with the challenges of everyday practice life, including those related to insurance programs.

The AOA is excited to bring this expertise directly to members' offices as a value-added member beneift. Many of these benefits are provided at no cost or at greatly reduced cost to AOA members.

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Which is more important: your virtual or physical location?

By Chad Fleming, O.D., AOAExcel™ Business and Career consultant

This question leaves many optometrists caught between "our office has always been here" to "we need to move as the neighborhood becomes less and less family friendly" to "all the people with money live in the suburbs."

Twenty years ago, the strategic model for practice growth was building a big office in a great location with easy access and great curbside appeal. This mindset of practice growth and viability continues to be very important but may not be the most important aspect in regards to location. Some of the highest net, most profitable practices are in physical locations that make you wonder how they built such a great practice.

When you ask your patients how they find out about your office, what is the typical answer you receive? I was driving by and noticed the $15,000 sign that you have up. Or was it that they were dining out one night and noticed your window display with the latest in designer eyewear?

Now don't get me wrong, the practice model that depends on spending thousands of dollars on physical location and curbside appeal can definitely be profitable. Remember that in most cases your facility costs are in inverse proportion to your practice net.

The practice with the greatest finances available for facilities, typically large practices, are the ones that have the upper hand in attracting patients by physical location. With the onset of the Internet and now mobile devices, this advantage has changed. As small business owners, we no longer have to feel like we are at a competitive disadvantage with the big optometry practices or chains. We can compete head-to-head with the big guys, and it does not require a big budget.

Many small businesses have made this move outside of our industry and are reaping the rewards of the level playing field that the internet has created. In today's mobile world, location, location, location is directly respective of where you land in the search engine results when top keywords are searched.

The top keyword for our industry is optometrist followed by the local city in which you practice. Take the time right now to open your browser and type in "optometrist 'your city'" and see how you rank. If you did not show up on the first page, then you will most likely not be viewed by the majority of those who are searching for their next optometrist. Meaning they just drove past your virtual location and did not even notice you existed.

We can compete head-to-head with the big guys, and it does not require a big budget.

Here are a couple of actions you can take to improve the location of your virtual real estate.

1. Blog—If your practice does not have an active blog, you are missing out on search engines finding favor in your practice website. The blog does not need to be fancy; it just needs to exist and have regular posts.

2. Google+ Local—This has taken the place of Google Places. It is a free service on which you can list your business. Google search really likes that you buddy up with them and have a Google+ account. Many practices have Facebook accounts and post regularly to them, but Google does not seem to favor Facebook like it does Google+. I wonder why?

3. Pay someone to manage your website—The professionals will also do a great job keeping you at the top of the list. Be careful to monitor this as many companies will give great effort initially, but as their activity falls, your traffic and ranking drops significantly. This usually happens a month or two after your practice signs up. Also, just like you, they require a fee for their service, and many times those fees do not reflect what you are receiving. They may tell you that "X" number of people have hit your website, but if that does not result in scheduled exams there is minimal value. Make sure you ask for a copy of the origin of those website hits to make sure they haven't hired a college dropout to hit your website 25 times a day.

4. Comment on other blogs—When you follow a blog such *OptometryCEO.com*, comment on the posts and make sure you leave your website URL address along with the comment. This is another way to build back links to your website, which is a favorable way to increase your virtual real estate.

5. Drive current patients to your website—When a practice has online health history forms, it is driving patients to the website. This is like the new restaurant in town everyone wants to try because they notice it is always busy. If search engines see your website is a popular place to be, they want to be where the party is at.

Finding the perfect physical real estate is not a bad strategic model for practice growth; however, the commitment, cost, and time requires you to be absolutely sure you pick the right physical location.

Unlike physical real estate, prime virtual real estate can be obtained at a relatively low cost, and the payoff is potentially much better.

Is owning the best virtual real estate the magic bullet? No, patient word of mouth still remains king, but many practices are growing due to a higher volume of patients looking to search engines for their next doctor.

If your virtual real estate is in a high-traffic area, the front page of search results, then odds are your practice will reap the benefits of continued practice growth.

Join Dr. Fleming Dec. 12 at 9 a.m. for his webinar on "Location, Location, Location: Growing Practices Own Coveted Online Real Estate." The webinar is presented through AOA Excel™. Register at *www.ExcelOD.com/events*.

AOAExcel™ Business & Career Resources

The following resources are available to AOA members through AOAExcel™. Visit *www.ExcelOD.com*.

- ❖ 'Frequently Asked Questions' for members only, provides detailed answers to business and career questions.
- ❖ BusinessAndCareerOD@AOA.org offers AOA members the opportunity to email their practice management questions and have them answered by a topical expert in buying/selling agreements, bringing in associates, staff management, and other practice management topics.
- ❖ Business and Career Webinars are provided as no-cost AOA member-only benefits to educate doctors on how to navigate their career paths, from practice entry, to management, growth, and succession planning.
- ❖ AOAConnect is a members-only social networking site with a Practice Pathways Group where AOA members, students, volunteers and staff can share information on how to successfully transition into or out of a practice. This includes, but is not limited to, the buying or selling of an optometric practice.
- ❖ OptometryCEO provides relevant, non-industry supported insight into daily practice management successes and unforeseen mistakes of a private-practice optometrist.
- ❖ Wells Fargo Practice Finance is the source for acquisition and expansion financing. Market data reports provide indispensable geographic and demographic data. The program includes customized financing, business planning tools and a network of resources.

The AOA is excited to share all these resources with members, bringing much expertise right into offices as value-added member benefits. Even better, much of this is provided at no cost or at greatly reduced cost to AOA members. Visit *www.ExcelOD.com*.

AXA Equitable: IRS increasing review of Safe Harbor 401(k) plans

According to the Employee Benefit Research Institute, the number of participants making contributions to defined contribution plans has declined from 65 percent in 2009 to 60 percent in 2010, to 59 percent in 2011, and 58 percent in 2012. This is no surprise to many small business owners like architects, some of whom have had to downsize and/or go as far as discontinuing or suspending their employer contributions to their Safe Harbor 401(k) plan in recent years.

Coincidentally, Safe Harbor 401(k) plans are going to be subject to a higher level of scrutiny by the Internal Revenue Service (IRS). An IRS phone forum held earlier this year revealed the IRS will initiate a project to review Safe Harbor 401(k) plans. It will take a closer look at plans that suspended Safe Harbor 401(k) contributions to ensure proper procedural requirements were complied with, including required notice and nondiscrimination testing. Plan sponsors who discontinued or suspended their employer contributions to a Safe Harbor 401(k) plan for any period of time may want to review their documentation to ensure the requirements were met.

Safe Harbor 401(k) plans are required to allocate an employer contribution to participants and to provide them with an annual notice in order to satisfy the safe harbor provision and avoid the ADP and ACP nondiscrimination tests. Safe Harbor 401(k) plans must also comply with all the usual rules for 401(k) plans (except to the extent the safe harbor rules expressly override them).

For a Safe Harbor 401(k) plan, the employer must make either a Safe Harbor non-elective contribution of at least 3 percent of compensation, or a Safe Harbor matching contribution of 100 percent on the first 3 percent of compensation and 50 percent on the next 2 percent of compensation. This contribution must be made to participants outside of any allocation requirements that may be imposed by the plan, such as, a 1,000 hours worked or being employed on last-day of the plan year.

The plan sponsor must give eligible employees a notice explaining their rights and obligations under the plan within 30 to 90 days before the start of each plan year and, for new employees, prior to becoming eligible to join the plan. This notice will stipulate whether the Safe Harbor 401(k) plan will be providing a non-elective or matching contribution in the upcoming year.

The Members Retirement Program is the only retirement program endorsed by AOAExcel™, a wholly owned subsidiary of the AOA, for AOA members and is managed by AXA Equitable. The program provides value-added services specifically designed for you. You receive personalized service throughout the process of establishing a retirement plan, continuing for the life of your plan. The full service plan administration is designed to save you time and expense. Plan sponsors have access to an account executive and a plan administration website, plus they will receive newsletters and notifications to help ensure proper procedural requirements are met so their plan remains compliant within all regulatory guidelines.

Call 800-523-1125 or visit *www.axa-equitable.com/mrp* if you would like to receive information. All information and consultations are free of charge and are made available to AOA members at no obligation. Adopt a plan by Dec. 31, 2012, and receive an Enrollment Fee waiver for all currently eligible participants! The Members Retirement Program (contract form #6059) is funded by a group variable annuity contract issued and distributed by AXA Equitable Life Insurance Company, NY, NY. AXA Equitable does not provide tax or legal advice and is not affiliated with the AOA.

1. Employee Benefit Research Institute. "The 2012 Retirement Confidence Survey: Job Security, Debt Weigh on Retirement Confidence, Savings." EBRI Issue Brief, March 2012, no. 369.

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American Optometric Association

Member Benefits

AOA Coding Today

AOA Group Insurance by AGIA

AOA Insurance Alliance by Lockton (Malpractice Insurance)

AOA.ReimbusementPlus.com

Bank of America Card Services

Bank of America Merchant Services

Members' Retirement

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XNetwork,

from page 11

medical doctor (who, for example, might simply tell a patient with diabetes to "go get an eye exam"), Dr. Lane noted.

And some optometrists, when referring patients for treatment of systemic conditions, may still feel their records are not welcomed by other health care practitioners, he observed.

The coming of electronic care summaries will greatly facilitate referring patients in need of eye care, such as those with diabetes or at risk for conditions such as glaucoma. It will ensure that optometrists have all the clinical information they need when patients are referred to them.

The inclusion of the patient's optometrist in the care summary's list of health care providers will also solidify the optometrist's position as an integral part of the patient's health care team, Dr. Lane noted.

In addition to providing an online listing of patient health information, patient portals must provide secure e-mail functions designed specifically to allow for communications between patients and health care practitioners regarding protected health information.

Patient portals could be used in optometric practices to enhance follow-up, encourage compliance with care regimens, facilitate appointment scheduling and recalls, and help ensure patient retention.

Practitioners could use patient portals and their secure messaging functions to follow up with patients after their appointments to see if new eyeglasses or contact lenses are providing adequate vision, to remind contact lens patients to comply with wear and care instructions, or to check on medical eye care or post-surgical patients to see if they are responding to treatment or experiencing adverse events.

At a minimum, electronic care summaries and patient portals will greatly reduce the time and expense required for communications in a health care practice, proponents

See XNetwork, page 38

Patient portals

The CMS outlines Medicare and Medicaid incentive program targets for the utilization of patient portals under a new "patient engagement" objective, emphasizing that the goal is not just to use the portal to provide information to patients but to actively involve them as "partners" in their own care.

The agency believes that the electronic communications facilitated by the portals will encourage patients to become more aware of their health, make healthy lifestyle choices, and become actively involved in planning their health care.

The Stage 2 Meaningful Use objectives require practitioners to establish patient portals through which they can:

- Provide patients with the ability to view online, download, and transmit their health information, and
- Use secure electronic messaging to communicate with patients on relevant health information.

To qualify for Medicare or Medicaid incentive payments under the Stage 2 criteria, health care practitioners must provide more than 50 percent of the patients seen during the course of an EHR incentive program reporting period with electronic access to their health care information within four days of their office visit.

In addition, 5 percent of patients must actually view, download or transmit their information from the patient portal.

Practitioners must also send a secure message, using their EHR system's messaging function, to at least 5 percent of the patients seen during an EHR incentive program reporting period.

Federal officials are now working on "patient certification" procedures that will allow patients to securely access their health information through the portals.

Control the computer with your eyes

By Geoffrey W. Goodfellow, O.D., and Dominick M. Maino, O.D.

For countless individuals who lack the motor control needed to operate a computer with a traditional keyboard and mouse, there are some new technologies available that allow the eyes to act as the controller.

This is an amazing development for patients with diseases like Parkinson's, muscular dystrophy, or cerebral palsy.

Hardware and software

The technology is driven by high-resolution cameras that monitor the position of each eye.

The software is calibrated by having the user look at specific dots on a grid pattern displayed on the computer screen.

This allows the device to determine exactly where the eyes are pointing.

From there, the cameras monitor the angle between the eyes to determine where in space the eyes are looking.

Much of the technology necessary for the device comes from the video gaming industry.

The eyes are capable of very quick and detailed movements, so the images from the high-resolution cameras need to be interpreted very efficiently and accurately.

The developers of some of these systems indicate that users looking across a normal-sized room and wearing the device would be able to locate where the eyes are looking within the size of a grapefruit.

Designers

The PCEye from Tobii Assistive Technology Inc. is the newest device to hit the market.

It boasts an eye-tracking technology solution that provides the most intuitive, easy-to-use, stress-free means of gaining comprehensive computer access.

The device is portable and lightweight and is capable of docking beneath any standard retail PC monitor and integrating with Windows (see Figure 1).

There are other similar devices available from other companies, but the PCEye appears to be the most sophisticated.

Retail cost for these devices has been quoted upward of $5,000.

Researchers at Imperial College London are developing a similar system with a target cost of $125.

Their system is also based on a two-camera display but attached to a standard spectacle frame (see Figure 2).

"My mission is that we forge technology with neurological science to find ways to help millions of people with disabilities, such as loss of limbs or muscular disorders, use technology in a cheap way."

They are aiming for the same functionality of the commercial devices but for significantly less cost.

"My mission is that we forge technology with neurological science to find ways to help millions of people with disabilities, such as loss of limbs or muscular disorders, use technology in a cheap way," said Aldo Faisal, Ph.D., a neuroscientist at Imperial College London.

Usability

The technology has already opened the doors for many people with severe spinal cord injuries, repetitive strain injuries, and other debilitative conditions.

Using their eyes, these people are able to open computer files, navigate the Web, and access software applications.

Such individuals can now independently communicate online and conduct business using a computer.

Such devices may also jump start an offering of hands-free computing which may become useful for all computer users, even those without physical disabilities.

Imagine scrolling through an online magazine using only your eyes or interacting with your television without using your remote control.

Optometry's role

It's unclear exactly what role these devices will have on optometric practice.

Eye movement deficiencies have long been associated with academic problems.

Optometrists have a variety of tests to assess saccades, pursuits, and fixation; there are also a host of therapies designed to improve these visual skills.

Future patients that use this type of technology would likely benefit from having accurate eye movements and visual skills.

This would be in addition to optometry's current role in managing computer vision syndrome, refractive error, and dry eye syndrome.

Geoffrey G. Goodfellow, O.D., is an associate professor of optometry at the Illinois College of Optometry (ICO), ICO's assistant dean for Curriculum and Assessment and the president of the Illinois Optometric Association. He can be contacted at ggoodfel@ico.edu. Dominick M. Maino, O.D. is a professor of pediatrics and binocluar vision at ICO and a Distinguished Practitioner of the National Academies of Practice. He can be contacted at dmaino@ico.edu.

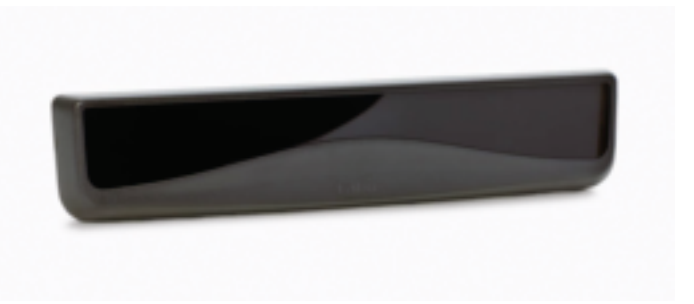

Figure 1: The PCEye from Tobii Assistive Technology Inc. is portable and lightweight and is capable of docking beneath any standard retail PC monitor and integrating with Windows.

Figure 2: Researchers at Imperial College London developed a two-camera display attached to a standard spectacle frame.

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The bottom line

Check out Practice Strategies, a popular section of Optometry, now in the AOA News, with expanded content and timely resources.

Be aware of expiring tax breaks

By James R. Armstrong, CPA, and Jodi Permenter, CPA

Tax law changes have been in the news a lot lately and with good reason. Practicing optometrists, like other taxpayers, would do well to take a few moments as the end of the year – and the end of many current tax breaks – approaches and consider how pending increases in overall tax rates, the elimination or reduction of many deductions, and the applicability of the Alternative Minimum Tax to more taxpayers could affect their income. In many cases, they may find it could be advantageous to purchase that new instrumentation they have been wanting, make donations to their favorite charities, sell appreciated, long-term assets or take steps to help their children with education costs before the end of 2012.

The Bush-era tax cuts, established largely by the Economic Growth and Tax Relief Reconciliation Act of 2001, were temporary tax provisions originally scheduled to sunset Jan. 1, 2011. President Obama, reasoning that the weakened economy could not stand the blow of increased taxes, extended many of the tax cuts for an additional two years. However, without further legislative action, those tax cuts will expire Jan. 1, 2013, and, along with them, many advantageous tax planning opportunities.

According to the Tax Policy Center, U.S. households will face an average tax increase of $3,446 in 2013. Be sure to consider taking advantage of the following provisions before they sunset.

❖ **Bonus Depreciation:** Bonus depreciation rules were originally established in 2002 by the Job Creation and Worker Assistance Act. The provision, geared to boost spending and jumpstart the economy after the 2001 terrorist attacks, allowed a first year deduction of 30 percent of the cost of new capital assets with a useful life of under 20 years. Increased first to 50 percent in 2004, the provision was temporarily increased to 100 percent for 2010 and 2011. The bonus depreciation deferred back to 50 percent for assets purchased in 2012, and bonus depreciation provisions expire completely Dec. 31, 2012. Bonus depreciation will not be available for assets purchased in 2013. If your business is planning to make a capital acquisition of a new fixed asset, it may be worthwhile to discuss doing so before the 2012 year-end with your tax adviser.

❖ **Income Tax Rates:** Income tax rates have been historically low for the past decade, but are scheduled to rise in 2013. The highest marginal tax rate is expected to increase from 35 percent in 2012 to 39.6 percent in 2013. Also, as part of the new health care reform, high-income individuals will be subject to a 3.8 percent surtax on the lesser of (1) their investment income or (2) their income over $200,000 ($250,000 for married couples filing jointly). Investment income includes rental income, capital gains, dividends, interest, and royalties, among others.

❖ **Favorable rates for Capital Gains and Qualified Dividends**: Qualified Dividends and Long-term capital gains have been taxed at a favorable 15 percent tax rate (0 percent for taxpayers in the 10 percent and 15 percent income tax brackets) since 2001. When the provision sunsets, long-term gains will be taxed at 20 percent, and qualified dividends will be taxed at your marginal tax rates. If you are holding assets that have appreciated in value, consider selling them before year end to claim the gain at the favorable rate. Also, if you enter into an installment sale in 2012, consider electing to recognize the entire gain in the year of the sale rather than recognizing the gain over the payment period.

According to the Tax Policy Center, U.S. households will face an average tax increase of $3,446 in 2013.

❖ **Estate and Gift Tax Provisions:** Estate and Gift tax law has never been more favorable than it is right now. Due to the high exemption amounts, 2012 is an excellent year to create and implement an estate plan. ou may gift up to $5 million of your estate to your heirs without incurring any gift or estate taxes. Without further legislation, this amount will drop to $1 million starting in 2013

❖ **Marriage Penalty:** The new tax laws will also reinstate the so-called "marriage penalty," which was eliminated for taxpayers in the lower tax brackets in 2001. The marriage penalty occurs because the tax brackets for individuals who are married filing jointly are "narrower" than the brackets for single filers. This results in married couples paying a higher marginal tax rate than two single filers with the same combined income. In addition, the standard deduction for married couples will no longer be double the standard deduction for single filers.

❖ **Limitation on itemized deductions:** The new laws will also reinstate the Pease Amendment, which limits the amount of itemized deductions allowed to high-income taxpayers (those with household incomes in excess of $177,000). Temporarily phased out in 2001, the legislation is scheduled to return in 2013. This limitation will be difficult to avoid; it may be beneficial to make charitable gifts before this legislation is reinstituted.

❖ **The Alternative Minimum Tax (AMT) "Patch":** The Alternative Minimum Tax (AMT) is a parallel tax, or a tax that is paid instead of calculated income tax. The AMT is calculated as a flat tax on income, and disallows many of the tax deductions otherwise allowed, such as personal exemptions or the deduction for state income tax paid. It was originally created only to affect very high-income filers, but because the AMT exemption amount was not indexed for inflation, millions of taxpayers now owe AMT each year. Congress has often passed "patches" for the AMT, which temporarily increase the exemption amount, lowering the number of taxpayers affected. The latest patch will expire at the end of 2012, and unless additional legislation is passed, the number of taxpayers paying AMT will increase from 4 million to 21 million in 2013.

❖ **Personal Exemption Phase-outs:** Personal exemptions of $3,800 are generally allowed for every member of the taxpayer's household. For example, a couple with three children would qualify for a $19,000 exemption (5 x $3,800). However, with the reinstatement of Personal Exemption Phase-outs, high-income taxpayers will not be eligible to claim the full exemption.

❖ **American Opportunity Tax Credit:** The American Opportunity Credit was first enacted in 2009 and was the most generous higher education tax credit to date. The first $2,000 of qualifying undergraduate college expenses are matched dollar-for-dollar as a tax credit. 25 percent of the next $2,000 spent is also eligible for the credit, making the maximum credit $2,500 per undergraduate college student. The credit is 40 percent refundable. The credit is phased-out for single filers with income between $80,000 and $90,000 (married taxpayers with income between $160,000 and $180,000). The American Opportunity Tax Credit is scheduled to expire in 2013, and will be replaced by the non-refundable Hope Scholarship. The first $1,200 of qualifying expenses will be matched dollar-for-dollar as a tax credit. Fifty percent of the next $1,200 is eligible for the credit, for a maximum credit of $1,800. The 2013 phase-out range for the Hope Scholarship are not yet pub-

See Tax, page 38

Building your billing and coding workforce for the future

Billing and coding changes are on the horizon, and now is the time to start preparing for the future needs of your practice.

One of the many tasks your paraoptometric staff can perform to contribute to the success of your practice is in the processing of insurance claims.

Building your workforce for the future is one practice management strategy that will pay off in higher returns.

The AOA Paraoptometric Section (PS) has received industry support from Vision West to develop a Webinar series, "Billing and Coding: Foundations for Beginners," to help meet those needs.

The Webinar series offers nine-one hour presentations that will teach the basics of how to process insurance claims.

The series begins with "Introducing Medical Terminology and Current Procedural Terminology (CPT)" and ends with "HIPAA and Compliance."

This series is formulated specifically to teach the basics of billing and coding to beginners.

Other topics include the history and purpose of diagnostic codes, evaluation and management services, the health care procedures classification system, general ophthalmologic services, modifiers/special ophthalmologic procedures and claim filing.

The monthly Webinar series continues through April 2013.

The Webinars are made available free to AOA PS and/or Vision West members. Non-members may participate in the series for $25 per unit, but the $63 for PS membership makes it worthwhile in order to be able to participate in the entire series for free as a member benefit.

The first completed units have been posted to the Paraoptometric's Webinar Rewind webpage for "On Demand" learning 24/7 from any office or home computer. Once all nine units have been completed, the Webinar series will be available for purchase on a CD-ROM for your future staff training needs.

One hour of approved Commission on Paraoptometric Certification (CPC) continuing education (CE) credit is available upon successfully passing a short quiz after each unit.

There is a CE processing fee of $10 for PS members, $15 for Vision West members and AOA OD members' staff, and $25 for non-members for each hour of CE.

For the schedule of the remaining units or more information about all the staff training opportunities available as Paraoptometric Section member benefits, contact *PS@aoa.org*.

CPC announces new certificate program

The Commission on Paraoptometric Certification (CPC) launched its first in a series of specialized area of care assessment-based certificate programs. The programs is designed to help fill the need for qualified personnel trained with a multidisciplined set of competencies.

The certificates are non-degree granting programs that provide instruction and training to aid participants in acquiring knowledge, skills and competencies, and designate that participants have passed an end-of-program assessment.

In contrast to certification and licensure, an assessment-based certificate program is an educational or training program used to teach learning objectives and assess whether those objectives were achieved by the student.

The Optometric Administrative Assessment-Based Certificate Program is a comprehensive program designed to help optometric staff develop a solid foundation in managing an optometric practice. The program is intended to parallel the skills and knowledge required on the job. The program is ideal for practice managers, office administrators, front-office personnel, and support staff. The flexible program allows participants to work at their own pace. As certificate programs are different from certification programs, candidates do not earn a credential but rather a certificate of completion. Certificate programs do not have any ongoing requirements such as certification renewal.

The material is organized around fundamental duties and is divided into four self-contained units containing sections, quizzes, and unit glossaries. Some also include games and separate resource listings.

The following unit titles are available:

- Financial Management and Professional Issues
- Assisting Foundation
- Human Resources and Time Management

For Paraoptometric Section members, the complete program is $189, including the assessment. For non-section members, the complete program is $229, and for multiple practice users, the additional assessments are just $75.

For more information, contact *dmleuschke@aoa.org*.

Paraoptometric Section offers solutions for training success

When it comes to balancing the need for quality training for your optometric staff, time to provide the training, and the limitations of your training budget, why not look to the AOA Paraoptometric Section for training solutions?

Many optometrists are excited to learn about the variety of optometric staff training options provided by the AOA Paraoptometric Section (PS).

PS training programs and products are tailored to meet the optometric practice's specific needs. Staff may participate in free online courses and live webinars, or purchase education modules, articles, books, flash cards, and self-assessment tools.

Optometric staff needs are met with the Paraoptometric Skill Builder® program. The AOA Paraoptometric Section has recently expanded the Paraoptometric Skill Builder® program by providing the beginner and intermediate levels on CD. These cost-effective units provide the results-driven training optometric staff need in an easy-to-learn format with the convenience to access the training when and where they need it.

The Beginner Level One units focus on basic foundational topics for new optometric staff. It is offered online at no cost for Paraoptometric Section members. The Beginner Level One is also available for purchase on CD. Expanding upon knowledge learned in the beginner units, the Intermediate Level Two offers 13 additional units also on CD. The Paraoptometric Skill Builder® program is provided through an education grant from Essilor and Vistakon.

The Paraoptometric Section provides practices the tools they need to educate and train their optometric staff. Become one of the many practices that have found solutions for success by utilizing one of the many programs and services provided by the Paraoptometric Section.

Contact the Paraoptometric Section to get tailored training and measurable results. For more information, call 800-365-2219, ext. 4108, or visit *www.aoa.org/documents/paraoptometric/NewProductGuide_Rnd3.pdf*.

American Optometric Association

AOA MARKETPLACE

Take advantage of your Member Discount!

Fact Sheets

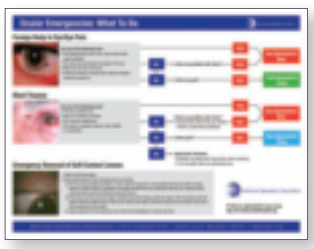
Easy to understand facts and helpful images.

Answers to Your Questions Pamphlets

These easy to read pamphlets help answer eye care questions.

Color Postcards

Choose the images, and select your message. Perfect for recall, referral or appointment reminder cards.

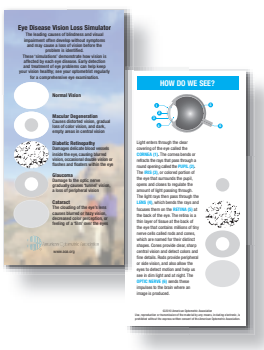


Ocular Emergency Card

A flow chart of responses for typical emergencies that can occur in school or sports settings.

Health Fair Kits

Everything you need for your event. Select from Professional, Diabetes, Scholastic & more!

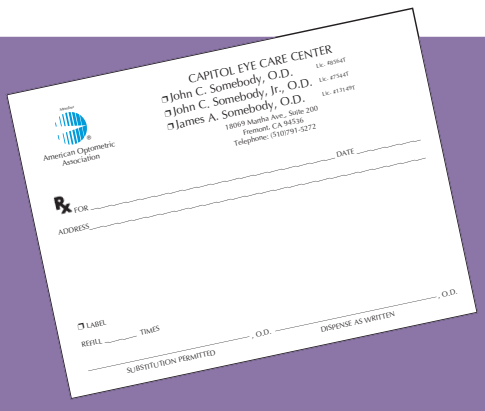


Vision Simulator Cards

Look through the semi-transparent card to simulate common eye conditions.

Nutrition Supplement Resources

Perfect for explaining the five essential nutrients that promote healthy vision.



Prescription forms available on Single or 2-part Security Paper which contains the features listed below.

- Pantograph (Hidden Message)
- Color Match
- Thermochromic Ink
- Anti-Copy Coin Rub
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XNetwork,

from page 32

note.

Dr. Lane urges optometrists and their staffs to begin integrating patient portals and care summary exchanges into their offices as soon as possible.

"These potentially important new HIT functions are expected to change the way in which optometrists interact with both patients and other health care practitioners," Dr. Lane said. "It may take a little time to incorporate these new functions into day-to-day practice. In some cases, practitioners and staff may need to become familiar with the specific terminology, such as the Systematized Nomenclature of Medicine – Clinical Terms (SNOMED CT) that will be required in the common dataset."

"In addition, offering patients online access to health information before other practitioners could be an excellent way for an optometrist to establish a reputation in a community as a provider of high quality, state-of-the-art care," Dr. Lane suggested. "Being among the first to utilize patient summaries could be a good way to establish an optometric practice as a leader among the health care providers in a region."

Practitioners can view examples of patient portals and care summaries, as well as other EHR functions, in the "Toolkit" section of the AOAExcel website (*www.excelod.com/toolkit/*).

AOA members can log in using their AOA membership number and password.

Patient common dataset

The federal Office of the National Coordinator for Health Information Exchange's (ONC) designated common standards for the electronic exchange of information by health care practitioners are listed below. (Required terminology sets are shown in parentheses.)

- Patient name and demographic information including preferred language (ISO 639-2 alpha-3 Language Codes), sex, race/ethnicity (U.S. Office of Management and Budget Standards for Data on Race and Ethnicity) and date of birth
- Vital signs including height, weight, blood pressure, and smoking status [Systematized Nomenclature of Medicine–Clinical Terms (SNOMED CT)]
- Encounter diagnosis [SNOMED CT or International Classification of Disease, 10th Edition, Clinical Modifications (ICD-10-CM)]
- Procedures (SNOMED CT)
- Medications (U.S. Library of Medicine RxNorm) and medication allergies (RxNorm)
- Laboratory test results [Logical Observation Identifiers Names and Codes (LOINC)]
- Immunizations (HL7 Standard Code Set CVX - Vaccines Administered)
- Functional status including activities of daily living, cognitive and disability status
- Care plan field including goals and instructions
- Care team including primary care provider of record
- Reason for referral and referring provider's name and office contact information

(Hospitals will be required to provide discharge instructions on electronic summary of care records instead of referral information.)

Tax,

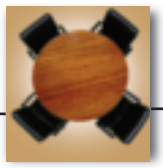
from page 35

lished, but are expected to be $50,000 to $60,000 for single filers ($100,000 to $120,000 for married filers).

- **Child Tax Credit:** Under current tax law, a credit of $1,000 per dependent child is available to families, part of which may be refundable. When the current legislation expires, the maximum credit will be reduced to $500 per eligible child and is only refundable in select cases.
- **Payroll Tax Changes:** A temporary payroll tax holiday reduced the employee's portion of social security tax from 6.2 percent to 4.2 percent for 2011 and 2012. For the typical American household, this resulted in an additional $1,000 in annual take-home pay. The payroll tax holiday will expire Dec. 31, 2012, and is not expected to be extended. In addition to a higher Social Security tax rate, high-income taxpayers will see additional Medicare tax withheld from their paychecks. Single taxpayers with income in excess of $200,000 (married couples with income over $250,000) will be charged an additional 0.9 percent Medicare tax on wages earned.

Although careful tax planning can help lower your tax bill in 2013, it has its limits, and not all of the new tax hikes can be reduced or avoided. It is important to evaluate how the new tax legislation will affect your income tax bill for 2013. In order to avoid tax penalties and interest, adjust your 2013 estimated tax payments accordingly. While much of the tax legislation for 2013 is still uncertain, taking action before these current measures expire can certainly reduce your tax burden.

Armstrong is a partner in the firm of May & Company, LLP. Permenter is a member of the professional staff of May & Company, LLP. The firm consults with optometrists in 30 states, assisting with their tax planning and preparation, QuickBooks support, and business planning. May & Company was established in 1922 and has offices in Louisiana, Mississippi, and Alabama. Armstrong can be reached at 601-636-4762 or by email at jarmstrong@maycpa.com.



MEETINGS

November

UNIVERSITY OF HOUSTON
COLLEGE OF OPTOMETRY
EVERYTHING THERAPEUTIC
November 17-18, 2012
The Westin Riverwalk Navarro Ballroom
San Antonio, TX
713/743-1900
Http://ce.opt.uh.edu/live-events/everythingtherapeutic2012

PENNSYLVANIA OPTOMETRIC ASSOCIATION
FALL CE
November 18, 2012
Hershey Lodge, Hershey, PA
Ilene Sauertieg
717/233-6455
Ilene@poaeyes.org
www.poaeyes.org

OEP CLINICAL CURRICULUM
VT/VISUAL DYSFUNCTIONS
November 29-December 3, 2012
Grand Rapids, MI
Theresa Krejci
800/447-0370
theresakrejcioep@verizon.net

December

UNIVERSITY OF HOUSTON
COLLEGE OF OPTOMETRY
29TH ANNUAL CORNEA, CONTACT LENS & CONTEMPORARY VISION CARE SYMPOSIUM
December 1-2, 2012
The Westin Memorial City
Houston, TX
713/743-1900
http://ce.opt.uh.edu/live-events/ccls2012

25TH ANNUAL CURRENT CONCEPTS IN OPHTHALMOLOGY
December 6-8, 2012
Turner Auditorium, John Hopkins University, Baltimore, MD
http://www.hopkinscme.edu/CourseDetail.aspx/80029956

ARIZONA OPTOMETRIC ASSOCIATION
2012 FALL CONGRESS
December 7-9, 2012
Hilton Sedona Resort, Sedona, AZ
Kate Diedrickson
602/279-0055
FAX: 602/264-6356
kate@azoa.org
www.azoa.org

January

ARIZONA OPTOMETRIC ASSOCIATION
2013 BRONSTEIN CONTACT LENS AND CORNEA SEMINAR
January 11-13, 2013
Doubletree Paradise Valley Resort, Scottsdale, AZ
Kate Diedrickson
602/279-0055
FAX: 602/264-6356
kate@azoa.org
www.azoa.org

UNIVERSITY OF CALIFORNIA, BERKELEY, SCHOOL OF OPTOMETRY
24TH ANNUAL BERKELEY PRACTICUM
January 12-14, 2013
DoubleTree Hotel, Berkeley Marina, Berkeley, CA
510/642-6547
FAX: 510/642-0279
optoce@berkeley.edu
http://optometry.berkeley.edu/ce/berkeley-practicum

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY
2013 GLAUCOMA SYMPOSIUM
January 12, 2013
Willows Lodge, Woodinville, WA
Marti Fredericks
503/352-2207
FAX: 503/352-2929
frederim@pacificu.edu
www.pacificu.edu/optometry/ce

EYECARE ASSOCIATES
2013 EYE CARE ASSOCIATES CONTINUING EDUCATION PROGRAM
January 12-13, 2013
The Williamsburg Hotel & Conference Center, Williamsburg, VA
Linda Cavazos
eca_linda@hotmail.com

HIGH PERFORMANCE VISION/SPORTS VISION CONSULTING WEEKEND
January 18-19, 2013
Hollywood Beach Marriott, Hollywood, FL
Don Teig, O.D., FAAO
203/312-3123
www.ultimateeventsllc.com

BROWARD COUNTY OPTOMETRIC ASSOCIATION
GOLD COAST EDUCATIONAL RETREAT
January 19-20, 2013
Hyatt Regency Pier 66, Ft. Lauderdale, FL
browardeyes@gmail.com
www.browardeyes.org

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY
2013 ISLAND EYES CONFERENCE
January 20-26, 2013
Hyatt Regency Maui, Maui, HI
Jeanne Oliver
503/352-2740
FAX: 503/352-2929
jeanne@pacificu.edu
www.pacificu.edu/optometry/ce

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER, DEPARTMENT OF OPHTHALMOLOGY & VISUAL SCIENCES
5TH ANNUAL CLINICAL OPTOMETRY UPDATE & REVIEW
January 25, 2013
Lubbock, TX
Charity Donaldson
806/743-9500, ext. 245
Charity.donaldson@ttuhsc.edu
www.ttuhsc.edu/eye

VIRGINIA OPTOMETRIC ASSOCIATION
1-DAY CE CONFERENCE
January 27, 2013
Richmond Marriott West, Glen Allen, VA
Bruce Keeney
804/643-0309
www.thevoa.org

SEEING IS BELIEVING 2013
January 30-31, 2013
Virtual Conference
www.sib2013.com

March

THE OHIO STATE UNIVERSITY COLLEGE OF OPTOMETRY
BINOCULAR VISION & PEDIATRICS FORUM
March 15, 2013
The Ohio State University College of Optometry, Columbus, OH
Marjean Taylor Kulp, O.D., M.S.
614/688-3336
Kulp.6@osu.edu
http://optometry.osu.edu/CE/BVPforum.cfm

February

AEA CRUISES
OPTOMETRIC SEMINAR
February 2-9, 2013
Hawaii – Aboard the Pride of America
888/638-6009
aeacruises@aol.com
www.optometriccruiseseminars.com

MICHIGAN OPTOMETRIC ASSOCIATION
WINTER SEMINAR
February 6-7, 2013
Kellogg Hotel & Conference Center, East Lansing, MI
Amy Possavino
517/482-0616
FAX: 517/482-1611
amy@themoa.org
www.themoa.org

INDIANA OPTOMETRIC ASSOCIATION
WINTER SEMINAR
February 6, 2013
Ritz Charles
Carmel, IN
317/237-3560
blsims@ioa.org
www.ioa.org

HEART OF AMERICA CONTACT LENS SOCIETY
52ND ANNUAL PRIMARY CARE CONGRESS
February 15-17, 2013
Sheraton Kansas City Hotel at Crown Center, Kansas City, MO
Dr. Steve Smith
918/341-8211
registration@thehoacls.org
www.hoacls.org

SKIVISION 2013
February 16-20, 2013
Snowmass Village, CO
888/SKI-2530
Questions@SkiVision.com
www.SkiVision.com

AEA CRUISES
OPTOMETRIC SEMINAR
February 16-23, 2013
Southern Caribbean – Aboard the Caribbean Princess
888/638-6009
aeacruises@aol.com
www.optometriccruiseseminars.com

AEA CRUISES
OPTOMETRIC SEMINAR
FEBRUARY 17-24, 2013
EASTERN CARIBBEAN – ABOARD THE RUBY PRINCESS
888/638-6009
AEACRUISES@AOL.COM
WWW.OPTOMETRICCRUISESEMINARS.COM

SECO INTERNATIONAL 2013
February 27-March 3, 2013
Georgia World Congress Center, Building A, Atlanta, GA
Bonny Fripp
770/451-8206, ext. 13
FAX: 770/451-3156
bfripp@secostaff.com

MONTANA OPTOMETRIC ASSOCIATION
2013 BIG SKY CONFERENCE
February 28-March 2, 2013
Huntley Lodge, Big Sky Conference Center, Big Sky, MT
406/443-1160
sweingartner@rmsmanagement.com
www.mteyes.com

April

NOVA SOUTHEASTERN UNIVERSITY
NSU SEE NEW ORLEANS
April 5-7, 2013
New Orleans, LA
Vanessa McDonald
954/262-4224
FAX: 954/262-1818
oceaa@nova.edu
http://optometry.nova.edu/ce

SOUTH DAKOTA OPTOMETRIC SOCIETY
SPRING CONVENTION
April 11-12, 2013
Cedar Shore Resort
Oacoma, SD
Deb Mortenson
605/224-8199
Sdeyes3@pie.midco.net

PINELLAS OPTOMETRIC ASSOCIATION
21ST ANNUAL SUNCOAST SEMINAR
April 20-21, 2013
Hyatt Regency Clearwater Beach Resort and Spa, Clearwater Beach, FL
Bruce Cochran
727/446-8186
888/421-1442 (Reservations)
IDoc1@aol.com

NEW JERSEY ACADEMY CHAPTER
11TH ANNUAL EDUCATIONAL CONFERENCE
April 24-28, 2013
Kingston Plantation, Myrtle Beach, SC
Dennis H. Lyons, O.D.
732/920-0110
Dhl2020@aol.com

For featured calendar events, email t.peppers@elsevier.com.

To submit standard items for the meetings calendar, send a note to eventcalendar@aoa.org.

Please allow several months' lead time.

OPHTHALMIC COUNCIL™

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Bausch + Lomb

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HOYA Vision Care

Johnson & Johnson Vision Care, Inc

Kemin Health

Luxottica Group

Marchon Eyewear

Optos

Shamir

TLC Vision Corporation

Transitions Optical

VisionWeb

Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council ™ to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: VisionWeb

VisionWeb is the leading provider of software and technology services to streamline and simplify the eye care industry. With easy-to-use electronic solutions, ophthalmic product ordering and insurance transaction processing have never been easier. Our services have proven to help eye care practices, laboratories, manufacturers, and payers drive out inefficiency, increase customer satisfaction, and improve their bottom line. Recognizing the benefits of our services, the AOA partnered with VisionWeb to help bring these benefits and more to AOA members through special programs designed just for you.

Online Claim Filing Solutions

VisionWeb's online claim filing solutions help eye care providers process claims and manage billing procedures online with more efficiency. This complete suite of services offers everything a practice needs to expedite the billing cycle and automate these important functions:

- Claim submission through direct data entry or practice management upload
- Patient eligibility and authorization verification
- Claim tracking in real-time
- Electronic Remittance Advice (ERA) management
- Detailed reporting and analytics

Electronic claim filing through VisionWeb increases claim acceptance rates and decreases reimbursement time; ultimately giving eye care providers better control of this vital part of their business. AOA members that enroll with VisionWeb as a new customer will receive $0 enrollment fees and 15 percent off monthly fees – an instant savings of $370! (Practices already filing claims with VisionWeb are eligible for the 15 percent monthly fee discount.) These offers are available exclusively for AOA members!

Online Ophthalmic Product Ordering

With connections to more than 400 spectacle lens, contact lens, and frames suppliers, VisionWeb allows practices to experience the benefits of online ordering while still doing business with suppliers they already know and trust. VisionWeb's online ordering service is equipped with various useful features that allow you to:

- Integrate your practice management system and order directly to all of your suppliers
- Access current order status information to track jobs through fulfillment
- Attach trace files to your spectacle lens order to ensure accurate processing
- Keep your buying group discounts and special pricing with your suppliers

VisionWeb's online ordering service is 100 percent free to use. It is the most convenient way to order and helps improve order accuracy and reduce turnaround time.

VisionWeb's AOA Royalty Program

The VisionWeb AOA Royalty Program allows AOA Members to earn non-dues revenue for their state affiliate, just for ordering on VisionWeb. With every 1,200 orders placed per practice, per year, VisionWeb will pay a 2 percent royalty on the transaction fee paid by suppliers. In 2012, VisionWeb made the largest royalty payment in the program's history, paying $60,822 to participating state affiliates. Each state affiliate must agree to participate in the program in order to receive these royalties.

AOA State Affiliates that would like to learn more about the royalty program, or enroll, are encouraged to contact VisionWeb at *marketing@visionweb.com* for more information.

VisionWeb is proud to support the AOA and is dedicated to providing services that help independent eye care providers succeed. Visit *www.visionweb.com* to learn more.

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Superfocus launches new collection of adjustable focus eyewear

Superfocus LLC, creators of award-winning adjustable focus eyeglasses, launched its new Leonardo Collection this month. Leonardo offers alternative style, together with user-friendly technology, at a more affordable price.

Superfocus glasses allow users to adjust focus for perfect clarity, at any distance, through the entire lens. All it takes is a simple touch to the bridge of the glasses.

Unlike bifocals or progressives, Superfocus lenses have no zones or lines. For this reason, there is no distortion, blurriness or "jump" in the wearer's field of view.

Superfocus also eliminates the need to carry multiple pairs of glasses for different tasks or activities. They work under any lighting condition and are ideal for virtually any leisure or professional activity. The intended market is the 70 million Americans who wear prescription glasses to correct presbyopia.

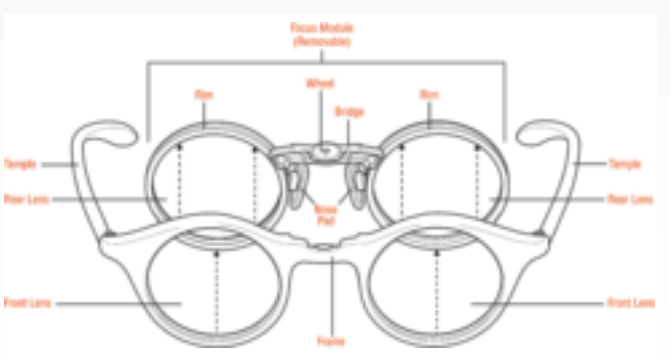
The Leonardo Collection

With its next-generation, the Leonardo Collection, eyeglass design has been reimagined. Leonardo offers the superior optical quality inherent in Superfocus Technology, but with more conventional styling.

The Superfocus Leonardo collection features "Focus Module + Frame" construction.

The Focus Module, produced in the company's manufacturing facility in southern California, incorporates an updated version of Superfocus' patented adjustable focus technology. It includes an easy-to-use wheel (located on the bridge), which enables clear focus to be dialed-in effortlessly. Leonardo Collection frames are custom-crafted in Italy from the highest-quality cellulose acetate. They are initially available in attractive light or dark tortoise, and their styling is ideal for all-day wear. Leonardo Collection glasses may be ordered with clear, tinted, or Transitions front lenses to fit each individual's preference and lifestyle.

Leonardo's new mechanical design is intended for larger volume manufacture. Consequently Superfocus will also introduce new, more accessible pricing.



Vistakon presents CL study results

Vistakon, Division of Johnson & Johnson Vision Care, Inc., presented results of several new studies at last month's American Academy of Optometry meeting.

New research showed contact lenses prescribed for daily disposable replacement are associated with extremely low rates of unscheduled visits to the eye doctor. The study also found that wearers of daily disposable contact lenses returned regularly for their annual eye examination.

"Along with the convenience benefits of no daily cleaning and wearing fresh lenses every day, daily disposables offer a healthy, trouble-free lens-wearing experience for many people," said study co-author Sheila Hickson-Curran, MCOptom, director of Medical Affairs, Vistakon, Division of Johnson & Johnson Vision Care, Inc. "When prescribing daily disposable lenses, doctors can feel confident that they are prescribing lenses for the best clinical response and patient experience."

Another study showed providing a thorough vision exam and clearly communicating with patients will result in more patient referrals. To understand factors of patient satisfaction and practice recommendation, researchers conducted an online survey to gauge attitudes and behaviors regarding vision care.

It is well documented that many contact lens wearers tend to "stretch" when it comes to adhering to practitioner prescribed replacement intervals. Now, new data suggests that patients who have an adequate supply of contact lenses on hand are significantly less likely to wear lenses beyond their intended replacement interval.

Complete information on the studies can be found at *http://www.acuvueprofessional.com/news?filter=acuvue*.

Transitions offers Vantage processing video tutorials

Transitions Optical's newest everyday adaptive product, Transitions® Vantage™ lenses require different processing than other Transitions® adaptive lenses, and Transitions created short video tutorials on how to properly align the lenses – ensuring that patients receive the maximum polarization benefits.

The videos are available at *www.TransitionsVantage.com* and cover the following topics:

- Laboratory surfacing and edging: ensuring proper alignment of a semi-finished Transitions Vantage lens
- In-office edging: guidelines for in-office finishing of an uncut Transitions Vantage lens
- Inspection for proper alignment: what to look for during the final inspection
- Presenting Transitions Vantage lenses: tips for talking about the lenses and how to identify a Transitions Vantage lens patient

New Transitions Vantage lenses demo tools are also available (a glare simulator and lens lorgnette) helping eye care professionals explain the new technology.

How the new tools work

The lens lorgnette and glare simulator can help eye-care professionals show that Transitions® Vantage™ lenses not only darken but also polarize. By asking patients to look through the lens lorgnette at the glare simulator in the indoor state (prior to activation), they will notice the lenses are virtually clear and there is a lot of glare in the picture. By activating the lorgnette and asking patients to look at the glare simulator again, they will be able to see that the glare in the image has been reduced.

"I've found that the added benefit of polarization broadens the target audience for Transitions® lens products," said Joseph Smay, O.D., founder and director, Family Eye Care. "It adds a 'cool' factor for patients interested in photochromic lenses, new products and technologies. I think Transitions Vantage lenses will help drive sales for our office and increase interest in photochromics overall."

Industry Profile: Luxottica

Visit www.luxottica.com

For over 50 years, Luxottica has been committed to helping the world see better. Our dedication to bringing quality vision and eye health services to people worldwide grows stronger every year. In the U.S., we are proud to partner with independent ECPs in the support and growth of their businesses. In addition to servicing our customers with the most sought-after brands, highest-quality frames, extensive in field service, marketing and support, we also pride ourselves in supporting the long term growth of our industry in the following ways:

Supporting Outdoor Eye Protection Through the SUN Alliance

Recent research confirms that unprotected exposure to ultraviolet (UV) radiation from the sun is responsible for many serious health issues including damage to the eyes. While most people recognize the connection between sun exposure and skin cancer, fewer than one in three Americans realize the hazards of UV exposure to the eyes. To address this national concern, in March 2012, we announced the industry-wide SUN initiative supported by Luxottica and The Vision Council. At the core of this Initiative is a three-part COPE, ABO-approved and CPC-approved educational series, Protect, Prescribe and Present, designed to empower practices with the information and materials needed to educate and prescribe sun protection for every patient and to help grow their businesses in the important outdoor eyewear category. Luxottica is deeply committed to spreading awareness about the SUN Initiative and to continue to keep the program top of mind among professional practitioners. We are pleased to report that nearly 8,000 test takers, including approximately 500 ODs, have participated in the initiative's educational series to date. If you have not yet joined your colleagues in this important initiative, please visit *www.AOA.org/EyeLearn* or *www.OAA.org*.

Funding AOA Programs, Now and In The Future

For many years, Luxottica has granted funds to the AOA for various programs, including the AOA Ophthalmic Council, AOA Summit Meetings, local and regional events and state programs such as Healthy Eyes Healthy People® (HEHP). Since 2004, we have seen HEHP projects in action across almost every state in the U.S., with programs ranging from vision care for the homeless, to preschool vision screenings and diabetes awareness projects. We have seen how HEHP innovative community outreach programs promote both eye health and disease prevention.

Helping the World See Clearly

Did you know that more than 300 million people worldwide suffer from poor vision simply because they do not have access to or cannot afford care?! OneSight, Luxottica's family of charitable vision care programs, is dedicated to improving vision throughout the world. Since 1988, OneSight clinics and local and regional outreach programs have provided free vision care and eyewear to more than 8 million people across six continents in need and granted millions of dollars toward optical research and education. Please join us in helping the world see clearly. We can work together in many ways, collecting used eyewear and participating in a variety of projects in your community. By donating your time and skills, you will significantly increase the reach of this extraordinary program, providing greater access to eye care services in areas where they are virtually non-existent.

Luxottica is deeply honored to partner with the AOA in supporting the future of optometry and participating in their many programs and projects designed to improve the vision and eye health of the American people.

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American Optometric Association®

THE NEW ENGLAND COLLEGE OF OPTOMETRY
Tenure Track or Non Tenure Track Faculty Position

The New England College of Optometry invites applications for a full-time faculty position experienced in advanced contact lens care. The qualified applicant will have a joint appointment in the Department of Specialty and Advanced Care at The New England College of Optometry (NECO) and at Boston University Medical Center.

Responsibilities include direct patient care for patients requiring advanced contact lens care, clinical training of optometry students and ophthalmology and optometry residents, development and oversight of contact lens and dry eye research, supervision of the contact lens labs at NECO and the clinical contact lens training programs at New England Eye (NEE), the clinical care and teaching site for NECO.

The successful candidate must hold a Doctor of Optometry degree (O.D.), and have or be eligible to obtain a Massachusetts Optometry License with TPA certification (preference given to candidates with at least five (5) years of related experience and have completed an accredited optometric residency, or equivalent patient care experience).

The search will remain open until the position has been filled. Salary and rank will depend upon qualifications and experience.

Applicants should submit electronically: a CV, statements of teaching and research interests, and the contact information for three (3) professional references. Submit to ruanc@neco.edu.

The College is an Equal Opportunity employer.

27th ANNUAL EYE SKI CONFERENCE
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   - after JAN. 1, 2013 - $585.00

INFORMATION OPTIONS:

WWW.EYESKIUTAH.COM

E-MAIL: tandbkime@buckeye-express.com

WRITE: EYE SKI 4021 Sylvania Ave. Toledo, Ohio 43623

UNIVERSITY OF WATERLOO
School of Optometry and Vision Science

Applications are now being accepted for up to four regular tenure-track faculty positions.

Position Type 1: We seek applications for tenure-track faculty appointments at the rank of clinical assistant or associate professor. Successful applicants will be expected to demonstrate a strong commitment to teaching, innovative clinical practice and professional service. This position will involve teaching the practice of optometry, delivering patient care and engaging in innovative and professional practice. Some involvement in scholarship will also be expected. Preference will be given to applicants with optometric residency or equivalent training.

Position Type 2: We seek applications for tenure-track faculty appointments at the rank of assistant or associate professor. Successful applicants will be expected to demonstrate a strong commitment to scholarship and teaching, and develop a robust, externally-funded research program that supports graduate students and post-doctoral fellows. Preference will be given to investigators whose expertise adds a complementary scientific discipline to those of our active research faculty. Potential applicants are urged to review the research interests of our faculty at **http://www.optometry.uwaterloo.ca/researchers/**.

Salary and rank will be commensurate with experience and qualifications. Both optometrists and individuals from other biomedical and physical science disciplines are encouraged to apply. Among applicants who are optometrists, those with TPA certification will be given preference.

A letter of application, curriculum vitae with teaching dossier, and three confidential letters of reference should be mailed to: **Marlee M. Spafford**, OD, PhD, FAAO, Interim Director, School of Optometry & Vision Science, University of Waterloo, 200 University Ave. W., Waterloo, Ontario, Canada N2L 3G1. Electronic submissions of applications are welcomed at **marlee.spafford@uwaterloo.ca**.

The closing date for applications is December 30, 2012.

All qualified candidates are encouraged to apply; however, Canadians and permanent residents will be given priority. The University of Waterloo encourages applications from all qualified individuals, including women, members of visible minorities, native peoples, and persons with disabilities.

FERRIS STATE UNIVERSITY
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MICHIGAN COLLEGE OF OPTOMETRY

OPTOMETRY FACULTY
(FULL-TIME, 12-MONTH, TENURE-TRACK)

The Michigan College of Optometry at Ferris State University is currently receiving applications for a full-time tenure-track position in the areas of **geometric, physical, and visual optics**.

Located in a new state-of-the-art teaching facility in the heart of Big Rapids, the Michigan College of Optometry offers a supportive collegial environment with excellent career development opportunities for faculty at all career levels. A national leader in curricular innovation, MCO's modern clinical facilty provides the highest quality patient care and clinical education availible. Ferris State University's lively campus, along with its surrounding communities, offers multiple cultural, art, and recreational activities in a safe and comfortable environment.

At the time of appointment, applicants must hold the Doctor of Optometry (O.D.) degree and/or a Ph.D. in the field of optics or an optics related area. Doctors of Optometry must be eligible to obtain a Michigan optometry license.

The successful applicant will assume duties in the classroom and laboratories, primarily in the areas of geometric, physical and visual optics. Applicants with a Doctor of Optometry degree will also assume duties in patient care and teaching in the clinic. The successful applicant will be expected to contribute to the mission of the Michigan College of Optometry in the areas of teaching, scholarly/professional activities, and leadership. Salary and academic rank is dependent on qualifications, experience and evidence of an ability to develop in the applicant's area(s) of interest.

For a complete posting or to apply, access the electronic applicant system by logging on to **http://employment.ferris.edu**.

Ferris State University is sincerely committed to being a truly diverse institution and actively seeks applications from women, minorities, and other underrepresented groups. An Equal Opportunity/Affirmative Action employer.

Scan QR Code for more information.

CLASSIFIEDS

Professional Opportunities

Associate Wanted Do you, or do you know someone who wants this truly exceptional opportunity? Private practice in beautiful Northwestern PA recreation area. 3 lakes, National Forest, State Forest, great setting to raise a family, and/or enjoy world class fishing and hunting, skiing, and cultural events all within 1 hour. Doctor wants to turn over this well equipped, well staffed, exceptional practice to ambitious candidate. Doctor's home or an apartment also ready for occupancy. Contact codamgmt@verizon.net or 814-726-1104. New practitioners welcome!

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FLORIDA OPTOMETRISTS WANTED Seeking full -time optometrists with diverse practice backgrounds to practice in the following cities: Daytona Beach, FL, Ocala FL, Waterford Lakes, FL (Orlando area). Part-time position available in Wesley Chapel and throughout FL and GA. If interested please contact James Rasik at jrasik@gcoeyes.com or **(419)704-9917**

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Optometrist Wanted- Fort Myers, FL Full and Part-Time Florida licensed Optometrist wanted for a growing 2 location practice next to Lens Crafters. Full scope optometry, with large volume medical optometric care. Cataract, Lasik, Oculoplastics, and Glaucoma post-op care. Large contact lens volume practice. Latest technology including OCT, Retinal Camera, etc. Permanent position available 06/01/2012. Excellent compensation + bonus. If interested forward CV to carlossanchezod@embarqmail.com or call Dr. Sanchez @ 239-560-1571.

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Effective the January, 2012 issue onwards, Classified advertising rates are are as follows: 1 column inch = $75 (40 words maximum) 2 column inches -$125 (80 words maximum) 3 column inches = $165 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is $30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable.All advertising copy must be received by e-mail at t.peppers@elsevier.com attention Tracie Peppers, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a "personal" nature are not accepted. The AOA NEWS publishes 18 times per year(one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Traci Peppers - Elsevier ad sales contact - at 212.633.3766 for advertising rates for all classifieds and showcase ads.

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References: 1. Dumbleton KA, Richter D, Jones LW. Compliance with lens replacement and the interval between eye examinations. *Optom Vis Sci.* 2012;89 (E-abstract 120059). **2.** Dumbleton K, Woods C, Jones L, et al. Patient and practitioner compliance with silicone hydrogel and daily disposable lens replacement in the United States. *Eye & Contact Lens.* 2009;35(4):164-171. **3.** Yeung KK, Forister JFY, Forister EF, et al. Compliance with soft contact lens replacement schedules and associated contact lens–related ocular complications: The UCLA Contact Lens Study. *Optometry.* 2010; 81(11):598-607. **4.** Dumbleton K, Woods C, Jones L, et al. Comfort and Vision with Silicone Hydrogel Lenses: Effect of Compliance. *Optom Vis Sci.* 2010;87(6):421-425.

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